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THE

Medical and Surgical Reporter:

A WEEKLY JOURNAL.

EDITED BY

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JANUARY, 1868—JUNE, 1868.

VOL. XVIII.

Υγεία πρεσβίστα μάκαρων.

PHILADELPHIA:
ALFRED MARTIEN, PRINTER, 21 SOUTH SEVENTH STREET.
1868.

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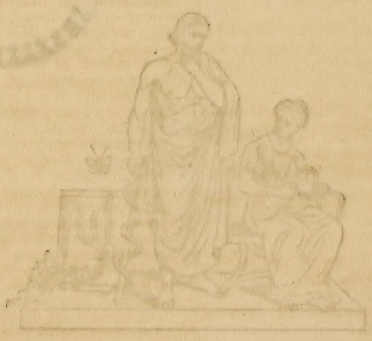

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THE

MEDICAL AND SURGICAL REPORTER.

No. 566.] PHILADELPHIA, JAN. 4, 1868. [Vol. XVIII.—No. 1.

VOLUME XVIII.—INTRODUCTORY.

Our predecessor having retired from the table to the shelf, we propose for the next six months to occupy the distinguished position of table companion to many thousand physicians throughout the wide extent of our land. We shall, as each successive number arrives, bring many a practical hint and useful lesson, which will be of inestimable value to those who desire to keep pace with medical science.

Besides being an office companion, we shall often accompany our patron, and while away many a tedious hour as he rides in gig or on horseback, over hill and dale, forest and prairie, ministering health, comfort and happiness to the afflicted.

We shall, too, as we lie on the office table, tell *his* patrons that he is a wide-awake physician, who embraces every opportunity to add to his store of knowledge, and fit himself for an intelligent discharge of his duties to his patients. We shall tell them that he often consults us, and through us many of the most eminent practitioners in the world; and that we do not let him rest here, even, but that we are constantly urging him to consult other journals and books, and employ all the more modern and most approved means for the successful pursuit of his calling. Yes, and we often even venture into the parlor, and exert the same influence on the callers there.

Now, we know—for our distinguished predecessors tell us that they have often observed it—that our influence will be of great importance in extending the business of our patron, so that besides bringing to his mind stores of knowledge, we will be constantly informing the public that in him they have a physician on whom they can rely; that as he is no laggard, but that he keeps himself informed of the advances that are constantly being made in the science of medicine.

But we must not forget that we have much to do to fulfil our contract with our patron. We must cull facts from every source within our reach, encourage practitioners in city and country to record their experience honestly and faithfully, but *briefly*, without waste of words, for our patron has not time to spend on speculative medicine and fine spun theories. He wants his literary food brought to him in small packages, and so prepared as to be easy of digestion. This we propose to do.

We have often heard our "man of all work" who sends us on our errands, say that he values very highly the communications of the country doctor, with his varied experience and observation, even though they may sometimes be rather roughly written, and that they are of more real use to the physician, than the well-turned periods and speculations of some of the literary goslings, who, while they are "waiting for practice" in our large cities, write hugely on medical topics, of which they practically know nothing, and who don't like the Reporter, because so many country doctors write for it. And just here let me urge the great importance of city and country physicians, of extended experience and observation, writing much more than they do for the journals.

Let us see how well our immediate predecessor, who now, with sixteen companions, neatly bound and easy of reference, occupies a place on the library shelf, fulfilled his mission in this respect. We find that he gave 560 pages, 50 more than he was under any obligation to give, of practical articles in all the departments of medicine. An analysis of the volume gives the following facts. There were:

Original contributors, over	120
" articles, nearly	200
Total " about	1045
Average in each number,	40

A very strong bill—but we shall try to do better than that *in every respect*. Tell all your friends so. Farewell!

Original Department.

Communications.

TRAUMATIC TETANUS.

By L. P. Gebhard, M.D.,
Of Philadelphia.

Read before the Northern Medical Association.

In a fatal case of traumatic tetanus, as related by Dr. McCollum, of Vermont, and published in the Medical and Surgical Reporter of Nov. 16th, 1867, he says: "As yet little is known of the pathology and the exact nature of the morbid action of this frightful disease." On seeing this announcement, I determined to relate two cases of traumatic tetanus that occurred in my practice, one in 1832 and the other 1857, to show that the treatment even then pursued was in perfect accordance with the pathology, and the nature of the morbid action existing, as exemplified by the success of the treatment employed.

On the 22d of August, 1832, I was summoned to visit a young lady about eighteen years of age, who, on the morning of that day in company with several acquaintances, paid a visit to a friend residing at a country seat in the vicinity of the city. The garden surrounding the dwelling was beautifully laid out with gravel walks; in perambulating which, these young misses in a girlish freak took off their shoes and stockings, and jumped from one walk to another for amusement. She who subsequently became my patient, not perceiving an *iron rake* in the opposite walk with its prongs upturned, jumped upon it, the prongs entering the bottom of her foot; the violence of the injury produced so much pain as to cause severe spasms. She was immediately carried to her home in the city, where I paid my first visit. Tetanic spasms soon came on, for which anodynes were freely administered, producing little or no relief. The spasms were such as we usually meet with in similar cases, each spasm contracting the thorax and drawing the head back upon the spine (producing opisthotonos,) so as to cause great oppression at the epigastrium, and difficulty of respiration so intense as to force from her the exclamation, that if not soon relieved she could not long survive. I at once resolved on trying counter-irritation on the surface of the spine, in order if possible to dissever the concatenation of morbid action which existed between the wounded nerves and the spinal column, from which emanates all the nervous influence that controls the action of the muscles involved in the disease. Accordingly, I penciled the spine from the nape of the neck down, about two-thirds of its whole extent, with nitrate of silver, and continued this until the patient cried out "you will burn me to death." No sooner was this announcement made, than I observed the muscles slowly to relax, the spasms gradually yield, and the most formidable disease compelled to succumb to the all potent power of the counter-irritating plan.

There was an irritable and increased frequency of the pulse during the whole period of the disease, such as might be expected from the violent and distressing symptoms attending it; the alimentary canal and every other part of the general system appeared to be unaffected by the disease, except the nervous and muscular systems, as above stated.

A few years after this the young lady was married to a clergyman, and lived to rear up a family of children. I met her some few days since, in the enjoyment of perfect health. This case I think fully demonstrated that counter-irritation was the remedial agent, and the only one capable of restoring the nervous influence to a normal state.

Case 2. On the 12th of November 1857, I was called to visit a young lad about ten years of age at Mantuaville, afflicted with traumatic tetanus in its worst form. About two weeks previous he ran a nail into the bottom of his foot, which, in consequence of great exertion produced by walking, brought on stiffness of that limb, gradually extending itself to the muscles of the jaw, terminating in trismus. A physician was summoned, and shortly after not improving under his treatment, another was called in consultation from the city to give his opinion in the case. No amendment in the symptoms still occurring, the family became discouraged and desired to

consult another. The one attending then relinquished the case, recommending them to send for any one to attend him whom they might prefer. The case then being without a physician, I was sent for, but learning its nature, I at first declined, but the mother insisted that as the case had been abandoned, I ought not to allow him to die without any further effort being made to save him. Unpleasant as it was, I then consented to attend.

As to his previous treatment his mother informed me that he had taken anodynes to relieve his pain, and had been cupped on his back. His spasms were very severe and frequent. The dorsal, pectoral and abdominal muscles were all involved. The dorsal in retracting the head, and the pectoral and abdominal in constricting the dilatation of the chest, thereby causing the respiration to be both difficult and painful. While gasping for breath, his cry for help was distressing.

Undertaking such a case as this, I assure you was anything but agreeable. As consultations divide responsibilities, attendance in such cases is comparatively pleasant; but to take in charge a serious case in its last stage, with all the responsibility attached to it, is far from being desirable; nevertheless when duty calls, the physician is bound to respond, however unpleasant it may be. I found the pulse frequent and feeble, while under the influence of such violent spasms. I administered anodynes very freely to lessen the severity of the spasms, but my principal dependence for permanent relief as based upon previous experience, was counter-irritation to the spine. Accordingly I applied a strong epispastic from the nape of the neck down, about two-thirds of the whole extent of the spine. As soon as it began to draw, the violence of the spasms perceptibly relaxed. In this case there appeared to be a tonic spasm of the muscles of the lower extremities, by which they were constricted to such an extent as to be unimpressible to the finger, drawing up the limbs to a right angle without any ability to move them. This made it necessary to apply, without any delay, a blister to the lower part of the spine, which was as successful in relaxing them, as the previous blister had been in relieving the spasms of the precordiæ, as above related. By this process the counter-irritation succeeded in a very few days, in wholly relieving my patient of any diseased action in any of the muscles of his body.

What makes such cases more distressing both to the physician and the relatives is, that the mental faculties being unimpaired renders the patient more acutely sensitive to pain, while at the same time he is more acutely sensible to the serious nature of his disease, thereby causing him to appeal to the physician for aid, that his sufferings might be relieved. I assured him that no attention on my part should be wanting in order to relieve his pain, and trusted that I might be instrumental in curing him of his malady. It affords me much pleasure to be enabled to say that the instrumentality was effective, and restored to an intelligent mother, an only son, the pride of her heart, who I trust will be a solace to her in her declining years.

MEDICAL CASES.

By James B. Burnet, M.D.,
House Physician, Bellevue Hospital, New York.

Acute Meningitis.

Case 1. William Norris, æt. 35 years, married, a native of Ireland, a tinsmith by occupation, was admitted to Bellevue Hospital on October 9th. Two weeks ago, he was seized with vomiting, which continued for several days, with no other symptom save constipation. The matter ejected presented nothing unusual in appearance. The vomiting having ceased, he returned to his employment, but was unable to perform his usual duties. On Wednesday, October 3d, he began to complain of a headache, which became more and more severe. On Thursday, a discharge began from the right ear, small in quantity and very fœtid. Friday morning at 9 o'clock, his wife heard a strange noise coming from the room in which he lay, and on going in, found him in a fit and frothing at the mouth. He remained unconscious till 5, P. M., when he aroused sufficiently to answer questions. His bowels moved involuntarily several times during the day. The discharge from the ear

ceased on Saturday. From this time until Monday morning, his wife was unable to state anything about his condition, as he made no complaints. Monday morning he lost all power of speech, and was unable to communicate his wants in any manner, and before noon became completely unconscious, remaining thus till his admission to the hospital.

Symptoms on Admission.

Completely comatose. Respiration 50 and stertorous. Pulse 148, weak; tongue nearly natural in appearance. Both pupils dilated, but while the left contracted somewhat under the stimulus of light, the right hardly moved. The extremities were cold, with some rigidity, and the urine passed involuntarily. Heat, (by means of bottles of hot water and hot cloths) was applied to the extremities, and carbonate of ammonia administered internally. The surface became warm, and the pulse improved in force, while the frequency was but little reduced. In this condition he remained until 4.30 P. M., when he died.

Autopsy, Seventeen Hours After Death.

Rigor mortis well marked; body still warm; well nourished. On removing the calvaria, the *dura mater* was found adherent to it in several places. On the anterior portion of the cerebrum, and underlying the arachnoid, there was an effusion of distinct patches of fibrin, and also of pus, the latter showing the characteristic leek-green appearance. No abnormal appearance of the petrous or mastoid portions of the temporal bone.

Case 2. Christian Fischer, æt. 26 years, single, a native of Germany, by occupation a butcher, was admitted to Bellevue Hospital on October 9th. Some two or three months ago, he noticed a pricking and numb sensation in the left hand, forearm, and arm. He also found a want of power in it, and since that time he has not been able to grasp anything with it, or to flex it as strongly as the right. He does not appear to have lost power in his legs, although he sinks to the floor on being placed upon his feet. Previous to Sunday, he was able to continue work, but has been confined to his bed since that time. Had gonorrhœa and sore throat a year ago.

October 11th. Has daily practiced masturbation for ten years.

October 12th. Is in a doze most of the time; will go to sleep while eating and with his mouth full. Rolls out of bed frequently. Last night had a passage from his bowels in bed.

October 16th. Within twenty-four hours, he has had three passages from his bowels, the last one watery.

2 P. M. Keeps the right hand and arm rapidly moving forward and backward over various parts of his body. His answers to questions are wandering.

October 22d. Mind wandering; sensation dull.

October 29th. Delirious during the night.

October 30th. Ordered phosphates.

November 1st. Has sloughs on the nates.

November 2d. This morning seems quite feeble. Respiration hurried, countenance drawn, cool perspiration on forehead. Pulse barely perceptible. Also tracheal rattle.

At 3 o'clock, P. M., died.

Autopsy. Rigor mortis well marked; body warm; nutrition good. On removing the calvaria and examining the brain, it was found to be intensely injected, of moderate size, and slightly soft. The ventricles were very dry. The right corpus striatum softened, and injected upon the upper posterior aspect, and membranes of ventricles raised by serous effusion. No obstruction in basilar artery. In left corpus striatum central softening having a portion completely broken down. Tuber cinereum and anterior portion of optic thalami softened. In left corpus striatum where softened, the blood had coagulated in the vessels.

CONTRIBUTIONS TO TOXICOLOGY.

By P. H. Vander Weyde, M. D.,

Late Professor of Chemistry and Toxicology in the New York Medical College.

(Continued from p. 70 of volume xvii.)

No. 7.—Bisulphid of Carbon.

The inhalation of the vapors of this substance, to which some persons employed in the manufacture of caoutchouc or india rubber (for which this liquid is a solvent,) are exposed, causes in the first place great distur-

bances in the digestion, various in their nature according to the constitution of the individual; next serious derangement of the nervous system, dulness, loss of memory, and injury to the intellect; afterwards more or less complete paralysis, and finally absolute genital impotence, the testicles become smaller, and the post mortem of females showed an almost entire obliteration of the ovaries.

No. 8.—Paper Collars.

One of the physicians at a meeting in Tarentum, Alleghany county, Pa., reported recently a case of poisoning of a child, who had eaten the greater part of a paper collar which had been thrown away; a gentle emetic and some other remedies serving to remove the poison, caused the symptoms to subside, in not less, however, than about forty hours.

When these collars are chemically examined, some are found to be covered with zincwhite (oxide of zinc), and others with powdered heavy spar (sulphate of baryta), both substances are more or less poisonous, the zinc preparations however by their emetic properties are their own antidotes, and when we are certain that we have to do with nothing else, an emetic is unnecessary, and warm water, with some butter to promote the vomiting, is all that is required. The preparations, of barium however are mostly poisonous, and never cause vomiting, except in large doses, when also convulsions and other alarming symptoms appear. For these, emetics and the stomach pump are to be recommended.

The wearing of these paper collars has also produced in some individuals eruptions around the neck, where the perspiration partially dissolved the white paint, and caused it to enter the pores of the skin; knowing what some of these collars are covered with, this is not to be wondered at.

No. 9.—Cider Doctored with Sulphite of Lime.

Formerly sour wine and cider was occasionally corrected by sugar of lead. As however the injurious effect of this substance is pretty generally known, and many are on their guard against it, it is seldom used at present, but the acid fermentation is prevented by the addition of sulphite of lime during or before the fermentation; this being an unstable compound, the sulphurous acid SO_2, (absorbing readily the oxygen which enters the barrel, and otherwise would make the cider very acid,) is changed into sulphuric SO_3, and the sulphite of lime into the sulphate of lime or gypsum. Such cider becomes soon clear and transparent, and has a good taste; it however does not agree with many persons, they complain, even the most healthy, of heaviness in the stomach, loss of appetite, etc. The cause is the presence of this newly formed gypsum in solution, which is a very indigestible substance, and the presence of which is easily demonstrated by analysis, in surprisingly large quantity.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE,
November 23th, 1867.

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

Excision of Mammary Gland, Performed November 13th.

Mrs. E. N., æt. 50. Ten days ago, the right mammary gland of this patient was extirpated on account of carcinoma, situated between the nipple and the axilla (*vide* vol. xvii. p., 531.) It is an imperative rule in surgery, that whenever a portion of the mammary gland is involved in disease, the whole of it must be sacrificed. The patient has been doing very well. There is a little hardness in the edges of the wound from deposit of plastic matter, which will be gradually absorbed. She has a good appetite and a clean tongue. Most of the wound has united by first intention, and there is no discharge at all now.

Lithotomy Performed November 9th.

Robert K., æt. 9. This boy was operated on for stone in the bladder two weeks ago to-day. (*vide* vol. xvii. p. 490. All the water has passed by the natural channel for a week, and the wound is nearly healed. Children very rarely, if ever, die from the operation of lithotomy.

Hunterian Operation for Aneurism.

William M., æt. 50. This colored man was operated on this day week, on account of aneurism of the left popliteal artery of spontaneous origin. The HUNTERIAN operation was performed. This operation was first executed by John HUNTER, in December 1785, four ligatures being applied to the vessel. In this case two wires, one

of the little muscular branches having been wounded, were used, at the distance of half an inch from each other. The extremities were cut off and the wires will be retained permanently. There has been a very decided diminution of the swelling in the popliteal space. The tumor has not pulsated since the ligation. There is no longer any unnatural heat in the parts. The contents of the tumor are quite firm, pretty well, if not entirely coagulated. There is no pain in the part now. The patient is doing well.

Within a few hours after the operation the temperature of the limb was exalted, it became greater than in the other limb, and greater than it was in the affected extremity prior to the operation. This was owing to the increased activity of the capillary circulation.

The knee-joint and the tumor were wrapped up in a strong solution of acetate of lead and opium.

Acute Abscess of the Testicle.

This young man, twenty years of age, presents a case of interest and of uncommon occurrence. About three weeks ago, a swelling commenced in the testicle, which gradually became as large as his fist, without any assignable cause. He had not been riding on horseback, and had had no gonorrhœa nor syphillis. This swelling has terminated in an abscess.

There is now a very prominent projection in front of the testicle. On applying the finger, it sinks into the swelling, and the whole organ is very much enlarged and indurated, owing to the effusion of plasma, lymph or fibrin. It is probable there is some scrofulous disease here. It is very uncommon for an abscess to form in this situation; it seems to be connected with the tubular structure of the testicle.

The abscess was opened, and he was ordered to keep the parts well suspended with a T bandage; or with a piece of linen or muslin fastened horizontally around the pelvis, to which a handkerchief, properly folded, shall be attached before and behind, so as to support the testicle in its folds; or by means of a broad strip of adhesive plaster extending from the pelvic bone near the anterior superior spinous process on one side, to that on the other, which answers a very good purpose. Then either acetate of lead and opium, or hydrochlorate of ammonia and opium, will be applied. He was also ordered five grains each of blue mass and jalap every other night, for a few days, and to abstain from meat.

It is not often that abscess of the tubular structure of the testicle occurs. Generally it is the result of repelled gonorrhœa or urethritis. Sometimes it arises as a consequence of the operation for hydrocele. When the disease is chronic, it is always of a tubercular character.

Scirrhus of the Mammary Gland.

Mrs. Mary H., æt. 45. This patient has had six children, the youngest of whom is six years of age. The left mammary gland is invaded by scirrhus. The nipple is very slightly retracted. The tumor involves the lower segment of the gland, the upper portion being in a sound condition, so far as consistence may be taken as an evidence of that fact. Below, the parts are highly discolored, and in a state of superficial ulceration, with a discharge of imperfectly elaborated pus. The tumor feels excessively hard. There is enlargement of the glands of the axilla, along the border of the great pectoral muscle, and the supra clavicular ganglions are also involved. The swelling in the breast has existed for three years. An attempt was made to burn it out, since which it has been an open sore. The part is the seat of a burning, darting pain, most severe when she uses the arm. In damp, cool weather, it is more painful. Atmospheric vicissitudes have always the effect of aggravating the suffering, owing to some electrical condition probably.

She attributes the disease to a blow which she received. Patients nearly always date the development of a tumor of this kind to a hurt, a blow or fall, but it is not always fair to ascribe the organ of the growth to such a cause. In the majority of instances it arises spontaneously, without any assignable cause. The human mind is very apt to inquire into causes, and to hit upon one which may be perfectly innocent.

She has lost a good deal of flesh and strength. Professor Gross is not disposed to advise at the present time, or to discountenance entirely an operation. There is an open sore here, but the discharge is very slight, it does not seem to be offensive or fetid, and it is questionable whether an operation ought to be advised. Certainly if an operation be performed, it can only be with the view of giving transient relief.

—— M. Boisson has introduced a method of treating superficial wounds by a jet of air from the common bellows, immediately forming a dried film over the exposed flesh, beneath which healing is greatly facilitated and other obvious advantages secured. Burns which have removed the skin may be treated advantageously in this way.

Medical Societies.

EAST RIVER (NEW YORK CITY) MEDICAL ASSOCIATION.

Stated Meeting, Nov. 5th, 1867.

Dr. VERRANUS MORSE, President, in the chair.

The following officers were elected for the ensuing year:

President—JOHN BURKE.

Vice-President—WM. NEWMAN.

2d Vice-President—R. A. BARRY.

Secretary—WM. J. PURCELL.

Treasurer—TRUMAN NICHOLS.

The standing committees are as follows:

Medical Ethics—Drs. Morse, Barry, Shrady, Weisse, and Thoms.

Finance—Drs. M. L. Smith, Blume, Skiff, Stein, and Heydon.

Admission—Drs. Nichols, Buttles, Crampton, McSweeny, and Dawson.

On motion of Dr. WEISSE, it was resolved that the chairman of each section, in turn, propose a question for discussion by the Society, giving at least one month's notice, to allow time for preparation.

A Case of Twins.

Dr. O'SULLIVAN read the history of an interesting case of twin-delivery, which occurred in his own practice, an interval of sixteen hours having elapsed between the birth of the first and second child; being exceeded but by one out of two hundred and forty cases reported by Dr. COLLINS, of Dublin, of safe delivery of both children. The point of interest in this case arose from the fact, that after the birth of the first child, the uterus remained perfectly inactive, no pain recurring. Hour after hour passed away, until, at last, it was determined to wait no longer. Fearing to give ergot, lest the presentation should prove abnormal, we thought seriously of delivery by version. On introducing the hand into the vagina, for the purpose of making a thorough exploration, I found the pelvis ample, the head of the fœtus rather large, but not too much so for the ample diameters, and presenting in the left occipito-iliac posterior position.

The membranes were ruptured, and a few feeble pains followed soon after, but soon ceased. Ergot was then given in the ordinary manner, and soon after, pains appeared, at first moderate, but soon becoming very powerful and satisfactory. The head readily engaged, the occiput rotating posteriorly and passing through the hollow of the sacrum. A male child, of large size strong and healthy, was delivered, the placenta was readily detached without any hemorrhage, and the patient made a good getting up.

The interesting point in this case is in reference mainly to the long interval of sixteen hours which elapsed before the birth of the second child, being, with some rare exceptions probably, the longest on record, where the result to both mother and child has been so favorable. It is probable that the propriety of non-interference in this case until the uterus resumed its action, may be open to criticism, notwithstanding that no untoward symptoms of any kind ensued during the interval. With now nearly ten years' additional experience in obstetric practice, and considerable in the use of forceps, I would not now delay so long before attempting delivery. I would, at furthest, do so within *one* hour. If it were a vertex presentation, and had engaged sufficiently, I would use the forceps; if this were not feasible, turn and deliver. I would prefer, under all circumstances, either of the above expedients to the use of ergot.

There is, however, very respectable authority for postponing interference in these cases, unless compelled to the contrary by accidental circumstances, such as convulsions, hemorrhage, etc. There are several instances on record, though of course very rare, where the second child has been retained for days and even weeks.

Upon the conclusion of Dr. O'SULLIVAN's paper, Dr. ABBOTT asked why the Doctor preferred using forceps in such cases to administering ergot. This question gave rise to an animated discussion, which continued until a late hour, when it was finally determined to make it the order of business for the next meeting, under the head of "Parturients."

Stated Meeting, Dec. 3d, 1867.

Dr. JOHN BURKE, President, in the chair.

Renewal of Prescriptions by Druggists.

Dr. O'SULLIVAN was happy to be able to inform the members of the Association, that the members of the Medical Society of the City and County of New York had unanimously endorsed the resolutions relative to the practice of druggists renewing prescriptions without authority, etc., and had directed the Secretary to notify the druggists of the city forthwith. Also to refer the resolution to the Committee of the State Medical Society.

On motion of Dr. MORSE, the Secretary was directed to forward a copy of the aforesaid resolutions to the State Constitutional Convention at

Albany, in view of the fact that that body had under contemplation the necessity of some stringent laws for better regulating the sale and dispensing of dangerous medicines.

The following correspondence, involving the legal opinion on the rights of physicians to their prescriptions, was read.

New York, Sept. 25, 1867.

John H. Harnett, Esq.,

Dear Sir—I enclose you a copy of the resolutions recently passed by the East River Medical Association, relative to the practice of druggists renewing the prescriptions of physicians without their written order, which resolutions have been duly transmitted to each and every druggist in our district, for their immediate action. You will please send me immediately a legal opinion on this subject, stating explicitly whether physicians have the right of property in the prescriptions given by them to their patients. Further, to what extent, if any, druggists are bound to respect legally the instructions of physicians on the subject. I am, etc. etc.,

R. J. O'Sullivan, M. D.

New York, Sept. 28, 1867.

R. J. O'Sullivan, M. D.

Dear Sir—In answer to your inquiry, "Have physicians a right of property in the prescriptions given by them to their patients," I state, first, the prescription is a direction from the physician to some druggist to put up for and prepare for the patient's use, a certain medicine. When the druggist performs this act, and files away the prescription, he has no right to again put up or prepare medicine from that prescription, unless he do so by the orders of the physician who originally gave it. He has no more right to do so, than a merchant would have to deliver, on a written order for one barrel of flour, sundry barrels after the one called for had been delivered.

A more important feature is, however, involved in the matter of physicians' prescriptions being duplicated by a druggist, without the physician's authority or instruction, which is, that the medicine so duplicated may be entirely unsuited to the patient's changed condition of health, of which the druggist has no opportunity of knowing. No one is capable of judging in such matters but the attending physician. The druggist who duplicates a physician's prescriptions, without the physician's orders, commits a crime against society, inasmuch as he permits medicine to leave his store which may cause the death of the person to whom it is administered.

Second. Medical societies have a right (and, indeed, I think it is a duty which they should attend to) to prescribe and establish a rule for the government of druggists in such matters, which, no doubt, druggists would carefully observe. This would save the medical profession from many charges of malpractice, and many persons from the injuries resulting from the continued use of a medicine not advised or prescribed by a physician. I am Dear Sir, etc.,

John H. Harnett,
Att'y and Counseller at Law.

The President, in a few appropriate remarks, announced that the business of the evening, viz., the discussion on the subject of parturients, was in order.

Dr. Nicholls commenced, by reading the "First Report of the Section on Therapeutics and Medical Jurisprudence of the East River Medical Association on

"Parturients, or Uterine Motor Stimulants."

The first part of the report gives the history of the means and substances employed at different periods to promote uterine contractions and facilitate labor, gives their physical properties, mode of preparation and administration, and therapeutic effects, placing ergot at the head of the list, from its known reputation and the experience of its usefulness. To Dr. Stearns, of Saratoga county, New York State, is due the credit of the first introduction of ergot to the medical profession of the United States, in a letter addressed to Dr. Ackerly, in 1807, in which he styles it the "pulvis parturiens," and says, "It expedites lingering parturition, and saves the accoucheur a considerable portion of time, without producing any bad effects on the patient. The cases in which I have generally found this powder to be useful, are when the pains are lingering, have wholly subsided, or are in any way incompetent to exclude the fœtus.

"Previous to its exhibition, it is of the utmost consequence to ascertain the presentation, and whether any preternatural obstruction prevents the delivery, as the violent and almost incessant action which it induces in the uterus precludes the possibility of turning. The pains induced by it are particularly forcing, though not accompanied with that distress and agony of which the patients frequently complain when the action is much less."

With its effect upon the non-gravid uterus, it is not our province now to deal, but it suffices to say, that at the normal period of delivery, its most striking manifestations are declared. As it cannot originate the physiological condition of labor, but acts on the nerve-centres which initiate and conduct this process, only as a stimulus to increase or renew the force of that action, the contractions differ from the normal efforts of the uterus to expel its contents, in that the interval is lost, and the pain is continuous until the influence of the medicine passes off.

The maternal pulse is diminished in frequency, but may afterward increase, and remain so after the action of the remedy has ceased. In a majority of cases, there is a marked decrease in the pulsations of the fœtal heart, often it intermits

and becomes inaudible. At this point it is in keeping to say that the profession are not at all accordant as to its safety; statistics have been brought to bear most fearfully against it, but it must occur to all of us, that in the absence of that detail so essential to cases that include so many features impossible to present in the hard profile of the arbitrary columns of a tabular form, that many of the fatal results have been mere coincidences that may have occurred without the use of the medicine.

It becomes, then, a very nice matter to determine when ergot is safe and needful, and when dangerous and unnecessary.

We must look to the character of the patient, and the cause of the lingering labor which invites our interference.

Professor FORDYCE BARKER, in his report to the New York State Medical Society in 1858, "On the Comparative Use of Ergot and the Forceps in Labor," says:

Now there are some cases where there is a deficiency of contractile energy on the part of the uterus, and the ergot is a precious resource; but no occasions in obstetric practice require a nicer discrimination, or a more accurate diagnosis. We are frequently called on to decide between the use of agents calculated to excite contraction and those which have a directly opposite effect, and to determine whether it is better to rouse the energies of the uterus or to resort to manual or instrumental assistance. The safety or the destruction of our patient may depend upon our decision. As a means of assisting labor, ergot is admissible only in cases of inertia of the uterus.

The differential diagnosis between *inefficient* action of the uterus and *impotent* action, is therefore of great importance, and sometimes it becomes a question of vast difficulty. But there are certain requisites for the admissibility of the drug, which ought to be regarded.

The following rules are laid down by experience for the guidance of such as sanction the resort to this adjuvant.

The case must always be beyond the efforts of nature unaided. The first stage of labor, that is, the dilatation of the cervix, must be complete.

The action of the drug is directed *alone* to the *body* of the uterus, and any effort to overcome a delay in this stage by an appeal to the second stage, is in most cases doubtful in reason and hazardous in practice.

An exceptional case may present itself in placenta prævia with inertia of womb and flooding; the os already dilated to one-half or three-fourths the size necessary for the passage of the fœtal head.

There must be no mechanical obstacle to delivery, which really includes malpresentation as well as tumors, deficient pelvic diameters, and rigidity of tissues.

Further: The second stage of labor must be so far advanced that the case can be terminated by efficient uterine action in an hour, or during the action of the drug. The reason for this law regards both mother and child.

The mother—that the continuous unrelenting pain will tax her endurance to the utmost in that time. Rupture of the womb may occur, and add to our discomfiture, but while it is fortunately rare, may at any time confound us.

It concerns the *child*, in that, when the delivery is not effected within or by a limited time, its existence is very certain to be "among the things that were," it may certainly "have a local habitation," but "not a name."

A variety of opinions and theories have been promulgated as to the cause of such mortality to children, but the best received idea is that the utero-placental circulation is interrupted by the steady pressure, and the process of oxidation and decarbonization of the blood is arrested.

In post partum hemorrhage, it is specially relied on by many.

In Professor BARKER'S report mentioned above, he says, "As regards the hemorrhage which occurs after the delivery of the placenta, the distinction made by various authors as to the two opposite conditions which favor this formidable accident, I regard as very important. The first is the full plethoric habit, where the heart is in strong and rapid action, and all the vessels are gorged with blood, as is indicated by the flushed skin, headache, thirst, and bounding pulse.

The second is the weak, delicate, lax-fibred state, characterized by pale countenance, spare limbs, slow and weak labor-pains, and feeble, though rapid pulse. In the first class, hemorrhage within certain limits may be beneficial, and it is in these cases that the use of ergot is especially valuable, from its known power of lowering the circulation, as well as securing the permanent contractions of the uterus.

But the propriety of its use in hemorrhage occurring in the second is doubtful. In these cases it does nothing to excite the contractions of the exhausted uterus, its depressing influence producing just the opposite result.

Without stopping to describe the various methods of arresting hemorrhage which should be resorted to in these cases, I will simply remark,

that ergot should never be administered except in conjunction with opium, or until the exhausted powers of the nervous system have been restored by the use of opium.

"In these cases," to use the expressive language of Dr. Griffin, "when the countenance is sunk, the eye hollow and glassy, the pulse is all gone at the wrist, and the whole person corpse-like, opium will act like magic, and save the patient from an untimely grave. It must be given in large doses, of one or two drachms of the tincture, or three or four grains, and must be repeated until reaction has set in, and its effects are manifest."

Other substances have been used, with various results, from time to time—opium, cotton-root, tansy, extractum cannabis, borax, tartar emetic, etc.—the history of which it is unnecessary to repeat.

Dr. Abbott said that among the means and substances enumerated, he judged ergot to be the only reliable and safe agent to be used for parturient purposes. We want a sure remedy to facilitate labor when retarded, to increase the pains and bring the labor to a close, and save the time spent in long waiting for nature to perform her functions, with safety to both mother and child. The question is, Does ergot fulfil all these requirements? Some ascribe all these virtues to ergot as a parturient, others deny it. Now I think it is rather too late from long experience of the drug, to deny its efficiency, the evidence of its value is too complete and extensive. Practitioners who rank among the unbelievers in ergot, were perhaps unfortunate in using a bad sample of the drug, the woman might not have been susceptible to its effects, or perhaps just as likely the physician's own experience was rather limited. Take for example the idyosyncracies in regard to calomel. Some persons are easily salivated with a small dose, others can take a deal of the substance without experiencing any untoward effect.

In my own practice I have administered ergot pretty extensively. I have used both the powder and the fluid extract, and have never found it to fail. Much has been said of the danger to mother and child, violent compression of the womb long continued, may doubtless cause the child to be born asphyxiated, but it is to be borne in mind that if the pains be violent, no time is to be lost in delivery. The condition of things in which ergot is advisable are too well known to need repetition, any practitioner with an ordinary share of common sense, will readily understand when its use is indicated. The proper administration of ergot is sound in principle and beneficial in practice.

Dr. Buttles took a decided stand in opposition to the last speaker, and said he did not believe in the efficacy of ergot whatsoever as a parturient; he did not mean to say that ergot possessed no therapeutic action, but that in his practice he had *never seen* any effects follow its administration. He had employed ergot in conjunction with other remedies, and any result arrived at, he had quite as much reason to ascribe to the other means employed as to the ergot. Ergot given alone, seemed to him perfectly useless and inert. Dr. Buttles mentioned a primiparous case of twin delivery in his own practice, where the conditions were all favorable, the os dilated, etc., except that the pains were feeble, and no contraction of the womb had taken place. After considerable waiting, administered Squibbs' fluid extract of ergot in teaspoonful doses every twenty minutes, but without producing the slightest effect; finally, seeing the uselessness of trying it any longer, had to resort to manual delivery. The uterus not contracting, applied ice bandages, compresses, etc., and ordered a decoction of the freshly powdered drug to be taken, and still without result. This is only one out of a large number of similar cases of uterine inertia, where Dr. Buttles had administered ergot, but not in a single instance did he perceive the least action on the womb follow its use. The case above quoted afforded a fine chance to test the virtues of ergot, if it possessed any. It utterly failed, and he had no faith in it.

Dr. Weisse was of the opinion that ergot acted through the sympathetic nervous system from its effects on the pupil, from the fact that those remedies which affect the pupil, indicate their mode of action through the sympathetic nerve. In its therapeutic action on the involuntary muscular fibres, his own limited experience of ergot hardly justified him in holdiug a decided opinion of its therapeutic value, but from what he has seen, he is disposed to think very highly of it. In the unimpregnated uterus he has seen menorrhagia arrested by the use of ergot, hence the indication of its usefulness as a parturient.

In those cases where no effect was manifest, he ascribed its failure to the inefficiency of the sample of the drug itself. It is of different qualities, and has been found when kept for a length of time, to have lost all its properties. It must be used fresh, and possibly idiosyncracies in women cause different effects to be apparent. "Whenever the labor is going on favorably I do not think it right to give ergot for the sake of saving time.

Those practitioners who are partial to manual or instrumental, generally are opposed to ergot, and I venture to say it will be found in the long run, that more mothers and children will be saved by the use of ergot, than by manual and instrumental delivery.

Now, for its effects on the placenta, I have seen the happiest results follow the administration of ergot in the third stage of labor, when the pains have been almost negative. Even after the expulsion of the placenta, I have found it of great benefit, from its giving tonicity to the walls of the uterus, and its helping to clear the womb of the debris of labor.

Dr. PRIESTLY spoke as follows: "I have never seen any effects upon the sympathetic nervous system follow the use of ergot, and I hold that the sympathetic system has very little to do with the uterus. Ergot, I always found, acted on the cerebro-spinal system. At all events, I have no great faith in ergot. I believe in waiting, and if necessary, in instrumental delivery. Ergot I deem far more dangerous to the fœtus than the use of instruments."

The Use of Ergot and Forceps in Labor.

Dr. O'SULLIVAN read a paper reviewing certain points as to the indications relative to the use of ergot and the forceps in labor. After deprecating in strong language the careless and indiscriminate use of such powerful agents, and the mortality consequent upon such culpable negligence, he says, "How many lives have been endangered, nay, sacrificed, by inattention to the effects which follow their use! at times so fraught as they are, with the gravest results to our patients. That the usual daily routine practice in this respect is apt to induce or expose our patients to such results, I think cannot be denied. That ergot possesses a certain influence in producing uterine contraction in a certain stage of uterine development is, I think, according to our present experience of its effects, and the testimony of the profession generally, unquestionable. The contractions it produces differ from the normal efforts of the uterus, in their being continuous and not recurring at intervals. Its effects are very soon manifest after its administration. Another important fact is its sedative effect, so to speak, for it is now well authenticated by the best clinical observers, both in this country and in Europe, that there exists in many, if not most cases, a diminution of the maternal pulse, and also a decrease in the number of the beats of the fœtal heart."

Dr. HARDY, the well known Dublin obstetrician, observes that when the number of the pulsations of the fœtal heart have been reduced below 110, and intermittent in character, the child will rarely, if ever, be saved. In forty-eight cases where ergot had been given, thirty-five children were still-born—nearly three-fourths. It is stated as an interesting incident, that Dr. STEARNS who first called the attention of the profession in this country to the use of ergot in these cases, suffered so much in his practice from the mortality among children, charged to the use of this article, that he left Albany and settled in this city.

In the very few cases where I would deem the use of ergot admissable, there must be a deficiency of muscular power not dependent upon exhaustion of the vital force of the system; and here the most careful discrimination is necessary, as to the patient's vitality and stamina, should the inaction be due to the cause just stated, and the feeble condition of the uterus. I can see no objection to it. If, however, the contrary condition exist, namely, where there is debility accompanied with irritability and deficiency of strength, bordering on exhaustion, I would then object most decidedly to its use, for here its depressing influence is to be dreaded.

In puerperal hemorrhage the utility of this agent has been highly extolled, but in using it in the grave complication in the lying-in room, we may be dealing with edge tools, which may cut too deeply for the interests of our patients, as well as perhaps for our own reputation. In such a case should hemorrhage be considerable, after the usual directions as to the recumbent position, cold drinks, compression of the placenta, etc., I rupture the membranes, give a full dose of opium, and when reaction was sufficiently established, at once proceed to deliver, when that was feasible, by forceps, not waiting to try the experiment of giving ergot. The latter practice has been generally recommended, and has the sanction of high authority. Yet rather than risk any further delay, or the possibility of lowering an already overtasked and exhausted system, I would relieve the womb of its distension and weight by prompt delivery; in the meantime taking every precaution by external pressure, etc., to ensure prompt contraction. It has been my practice now for some time past, in cases of simple inertia, uncomplicated with the grave conditions alluded to, and in vertex presentations, when the first stage of labor is completed, the condition of the soft parts permitting, and where there is no appreciable advance of the head, say from two to four hours, to deliver by

forceps. In such cases I generally administer chloroform.

In thus assigning my reasons for my preference for the forceps in these cases, to giving ergot, it is to be distinctly understood that a certain amount of experience in the use of instruments is necessary, otherwise the results I have claimed in favor of instrumental delivery might be materially changed.

I will finish these remarks by quoting the evidence of Professor Parker on this point, in his able report before mentioned:

"I must state my conviction, that the more enlarged is the clinical experience, and the more accurate the observation, the more rarely will the ergot be used before delivery; and furthermore, that the fear of delay in labor will be greater than the apprehension from the use of the forceps. McClintock and Hardy gave ergot in the second stage, on account of inertia, in nineteen cases, after which it was necessary to deliver with one or both blades of the forceps. In ten of these cases the child was lost. The death of the child could not have resulted from the use of the instruments, but must have been due either to the ergot or the protracted labor."

Dr. Weisse proposed to continue the discussion at the next meeting, which was agreed to, and he then submitted the following questions for the debate:

1. What is the therapeutic action of Ergot on the muscular fibres of the uterus?

2. What are the indications for the use of Ergot in labor?

3. How should it be administered?

Wm. J. Purcell, M.D., Secretary.

Editorial Department.

Periscope.

Cause of Consumption.

Dr. Henry MacCormac, of Belfast, Ireland, entertains the following theory of consumption. We extract from a letter to the *Boston Med. and Surg. Journal:*

At the request of the author, I send you a synopsis of a new theory of the cause of consumption,* by Henry MacCormac, M.D., of Belfast, Ireland. This theory is set forth in a series of papers, read before various foreign medical societies, at different times since 1855, and accompanied by a long and eloquent introduction. The following formula contains his idea:

"Wherever the air habitually respired, has been respired in whole, or in part, before, there tubercular deposits are found; and wherever the air habitually respired, has not been respired, in whole or in part, before, there tubercular deposits are impossible, and consumption and scrofula are unknown."

He further claims that, "for the first time in the history of the disease, the proximate source of tubercle is capable of exact demonstration. Tuberculous and scrofulous deposits, whether in the offspring of scrofulous and consumptive parents, or others, are the invariable results of insufficient, imperfect respiratory function and re-breathed air. Hence the carbon is retained unoxidized; in other words, is not discharged from the blood, and is deposited, mainly as a hydro-carbon, in the lungs or other organs, as tubercle."

This theory he supports by an analysis of the composition of tubercle, showing a large percentage of carbon; by the prevalence of consumption and scrofula, in connection with bad ventilation of sleeping apartments; by their special prevalence, in classes whose occupations subject them to the influence of re-breathed air, by day as well as by night; and by the cures he has seen effected solely by the constant supply of unbreathed air. He also refers to the production of tubercle in the animals in menageries, and in rabbits confined in boxes for the purposes of experiment.

Whether this theory is fully demonstrated by the facts he presents, must be left to those more competent to analyze them. The author's position, as well as the importance of the subject, command attention to his views, and it is his wish to subject them to the criticism of the profession in Boston. If his theory is sound, consumption may *always* be prevented, often cured. The victim of an inherited tubercular diathesis need no longer sit, with folded hands, awaiting his doom. The annual decimation of infants may be reduced one-half, and the general mortality one-fourth, by the annihilation of this great scourge of the human race!

Parasitic Animals.

The following account of some rare parasites on the human subject is, from the *Atlantic Med. and Surg. Journal*, from a communication of Dr. N. B. Drewry:

In July of the present year, Mrs. B——, æt. 28 years, of full habit and florid complexion, and active life, applied to J. R. Cleaveland, S. D. of this place for the relief of toothache. Finding

* Consumption, as engendered by Re-breathed Air, etc. Its Prevention and Possible Cure. By Henry MacCormac, M.D. London: Longman, Green, Longman, Roberts & Green. 2d edition.

a cavity, he proceeded to treat the nerve by the application of arsenic. Failing to allay the pain in this way, he resorted to mechanical means of impressing or destroying the nerve, and was finally successful in relieving the suffering. Very soon, however, the pain returned, and as it was desirable to avoid extraction if comfort could be obtained otherwise, the instrument was again introduced into the cavity of the tooth, and, after giving it a rotary motion, was removed. On examination of the substance adhering to the instrument, a living animal—a worm—was found. The parasite measures about four lines in length and one in thickness, with a head larger than the transverse measurement of the body, and composed of a firm horny substance. Since the removal of the worm from its cavity, the tooth has not been at all painful.

A still more remarkable case of local disturbance by an epizoon, presented itself to me, one month after the case above-mentioned was treated.

Mrs. G——, æt. about 43, healthy and corpulent, called, August 2, 1867, at my office, to consult me in regard to a painful affection of the finger, very much resembling ordinary whitlow. The pain, she said, was periodical, deep-seated, and of a gnawing character. Seeing nothing unusual in these symptoms, I pronounced the case a felon, and gave the usual advice in such cases. She declined, for the time, having it opened, but applied emollients, used opiates internally, etc. Two weeks passed in this way, without any material change in the condition of the part, except a slight pointing at the centre of swelling. Pricking this portion of the cuticle with an ordinary needle, she imagined, though without much discharge, gave some comfort. With the hope of obtaining entire relief in this way, she still refused to have her finger laid open with a bistoury. In two or three days after her own operation with the needle, the suffering became again so intense, that she resorted to the same mode of relief. Extending her puncture, perhaps, further, than before, she found beneath the attenuated skin a living worm, and extracted it. The pain subsided at once, and the swelling and other evidences of local disease gave way.

The worm thus extracted, and to which the painful condition of the finger is attributable, in every respect resembles that obtained from the tooth of Mrs. B——, a month previously.

—— There are between seventy and eighty students at the Medical College in Keokuk, Iowa.

Reviews and Book Notices.

NOTES ON BOOKS.

Dr. E. FOLLIN of Paris is engaged on a work "External Pathology." There will be in all three volumes, and it has already appeared as far as the second part of the second volume. Another recent publication by the Parisian press is Dr. R. BRUCK'S, "Le Cholera ou le Peste Noir," which treats of its origin, and conditions of development.

T. ELLWOOD ZELL of this city will republish a limited number (for subscribers only we believe) of copies of the magnificent "Atlas of the Nervous System of the Human Body," by Dr. RUDINGER of Munich. It contains nearly fifty photographic illustrations of the size of life.

"We have received the "Seventy-first Annual Report of the Boston Dispensary," an institution doing a good work; "A Christmas Story," by D. S. W. FRANCIS, (published by G. H. MATTHEWS, New York city,) a very pleasant tale.

Register Papers; a Collection of Chemical Essays in reference to Dental Surgery. By GEO. WATT, M.D., D.D.S., etc. Philadelphia: Published by S. S. WHITE. 1868. 1 vol., cloth, 12mo., pp. 260.

Most of the contents of this volume were contributed at various times to the *Dental Register*. The author tells us that "in accordance with the advice of many of his best friends," he has been induced to publish them in book form. We cannot help thinking that he is a little unfortunate in his friends, for really a good part of the volume was not worth re-publishing.—or in fact publishing at all. Its character is seen from the titles of the articles: for example, "Lord Oxygen," "Lady Hydrogen," "Random Thoughts," "Professional Longings," etc. These are silly pieces, which it is no credit to the *Dental Register* to have admitted. We wonder whether its readers were benefited by the information that Adam probably took an anæsthetic when his rib was extracted to form Eve; that to the author heaven would lack its charms, unless he could practice dentistry there; and that the pain referred to false teeth is explained by the Apostle's distinction of a spiritual and natural body? If so, their intellectual demands must have been singularly moderate.

Various addresses and lectures are interspersed, some of which contain a number of useful facts, while others are lamentably rhetorical. Of the former, those on Dental chemistry, on the action of topical remedies, and on the dental

chemistry of the mouth, are among those worth reading.

The book is neatly printed on tinted paper, and makes a very creditable appearance.

Spermatorrhœa: Its Causes, Symptomatology, Pathology, Diagnosis, and Treatment. By Roberts Bartholow, A. M., M., D. Second Edition, revised and augmented. New York: Wm. Wood & Co. 61 Walker St. 1 vol., 12 mo., cloth, pp. 120. *Price*, $1.00. For sale by J. B. Lippincott & Co., Philadelphia.

It is refreshing after perusing the numberless disgusting treatises on the abuse of the sexual functions which under the pretence of warning youth and instructing the public are advertised in every newspaper willing to admit such notices, to turn to the clear, concise, scientific pages of Dr. Bartholow. The scope and argument of his excellent monograph, were fully explained in the Reporter on the appearance of the first edition, and the fact that a second is called for within a year, justifies the complimentary terms in which we then alluded to it.

It is undoubtedly the best book on the subject, is brief, cheap, and brought down to the latest applications of therapeutics, and any who wish information on spermatorrhœa, will do well to get it.

Obstetric Clinics: a Practical Contribution to the Study of Obstetrics, and Diseases of Women and Children. By George T. Elliott, Jr., A. M., M. D., Professor of Obstetrics and Diseases of Women and Children, in the Bellevue Hospital Medical College, etc. New York: D. Appleton & Co. 1868. 1 vol., 8vo., cloth, pp. 458. *Price* $4.50. For sale by D. Ashmead.

This is an excellent, practical, original book on midwifery, especially on the difficult points, and undecided questions of the art. It is based upon many years extended clinical observations and conscientious study of diverse opinions and methods of treatment, and is entirely free so far as we have read it, of that species of affectation which for some reason or other marks a great many obstetric lecturers and writers.

There are about one hundred and ninety cases reported, nearly every one of which can convey a useful lesson to practitioners. The questions of albuminuria in pregnancy, the prophylaxis, and treatment of puerperal convulsions, hemorrhage, induction of labor, obstetric operations, compression of the funis, and retro-pharyngeal abscess in the infant, are some of the topics discussed, and always with admirable discretion and extensive experience. The work is one we can unqualifiedly commend.

Plastics; a New Classification and a Brief Exposition of Plastic Surgery. By David Prince, M. D. Philadelphia, Lindsay & Blakiston, 1868. 1 vol., 8vo. pp. 96, cloth. *Price*, $1.50.

This monograph is a reprint from a report in the Transactions of the Illinois State Medical Society for 1867. The author is already quite well-known by his contributions to other branches of surgery, and the present essay is calculated to favorably extend his reputation. The classification that he proposes is a division into the following six general methods: 1. Sliding in a direct line. 2. Sliding in a curved line. 3. Jumping (Indian method.) 4. Inversion or eversion. 5. Taliacotian—the part being obtained from a distance. 6. Grafting. The different varieties of these methods as applied to the various plastic operations usual on the human subject—rhinoplasty, otoplastry, blepharoplasty, operations involving the mouth, penis, etc.,—are discussed with completeness. The details of several original operations are given which, by their ingenuity, reflect great credit on Dr. Prince.

The work is illustrated with fifty wood cuts, very fairly done. Most of the later literature of the subject has been examined and is referred to. We think that the author is not justified in calling plastic surgery "altogether a modern art," since various operations were performed, and with more intelligence than he seems willing to admit by many of the older surgeons. The use of the term "plastics" in the sense of "plastic operations" is novel and so far as we can see unnecessary.

Pennsylvania Hospital Reports. Vol. I. 1868. Philadelphia: Lindsay & Blakiston, 1 vol. 8vo., cloth, pp., 420. *Price*, $5.00.

We take great pleasure in announcing the appearance of this most valuable addition to professional literature. As it was the first volume of hospital reports projected in this country, so it is the first to appear, and in its appearance reflects most favorably on the ability of the various authors who have contributed to its pages, as also on the care and energy of the well-known medical publishers whose imprint it bears.

It includes twenty-three articles on some of the most interesting branches of surgery and medicine, and is illustrated by twenty-seven wood cuts, two full page lithographs, and as vignette a cut of the official seal of the hospital. The typography is clear and handsome, and the reports make a convenient and well-sized volume.

So much we can say on a hasty glance at its external appearance and contents; the latter we shall shortly review when we shall have examined them more critically.

Medical and Surgical Reporter.

PHILADELPHIA, JANUARY 4, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

ADVANCE PAYMENT!

We would remind subscribers that henceforth we must insist on ADVANCE PAYMENT. Consequently, we shall very soon cease sending the REPORTER to those who do not indicate their desire to continue taking it by communicating with us. We have now many thousand dollars due us on old subscriptions, and for the past several months, have wasted much time and money in trying to settle up these accounts. We must avoid this in the future, and the *only* way to do it is to conduct the REPORTER on the cash principle, just as our great succestful daily papers and literary magazines are conducted. We will then know just where we are, and not be at the weekly expense of printing and sending out copies for which we have to pay, though we may never receive anything for them. For some time past we have been shortening our credits; now we propose to cut them off.

We anticipate only good results from this determination, and feel sure that all our subscribers will see that the advantage of such an arrangement will be mutual.

HOMICIDE BY INSANE PERSONS.

Several instances of homicide by insane persons have occurred of late. A few months ago, an insane man who escaped from a public institution in the State of New York, murdered his father to gratify an insane desire that had possessed him for a long time. Other instances of homicide by insane persons, some of them of the most heart rending nature, have come under our notice in the newspapers within the past few years, and if we could specify all that have occurred within the past five years, it would make quite a formidable list.

The latest case of the kind occurred a few days since, the victim being the Hon. C. S. HAMILTON, member of Congress from the Eighth District of Ohio, who was instantly killed by an insane son, under the following circumstances:

Mr. HAMILTON had just left his place in Congress to spend the holidays at home, and while there, to place his son, who had been insane for some time, and was becoming increasingly so, in the State Hospital at Columbus.

It seems that Mr. HAMILTON was in the yard, and that his son approached him from behind and struck him a blow on the right side of the head with an axe, killing him instantly. After perpetrating this horrible deed, Thomas went to the house with the axe, and before he could be secured, he attempted to kill his mother and younger brother, but only succeeded in inflicting a severe wound on the latter. Thomas is about 17 years of age, and his insanity has heretofore been of a very mild form, such as would only be readily detected by medical men. He has attended school regularly, and seems to have been quite diligent and successful in his studies. His disposition, however, has been exceedingly melancholic of late, so much so, as to attract the attention of his teacher, who took him to Columbus some days ago that he might be examined by his uncle, Dr. J. W. HAMILTON The doctor pronounced him affected with insanity of an inactive character, and advised the teacher and the boy's father, whom he afterward saw, to keep close watch upon him, as he would some time attempt to commit some terrible deed, a warning which the sequel shows was not given without cause. Mr. HAMILTON leaves a wife and several children, to whom no man could have been a kinder husband or father.

This is a too oft repeated story. Yet there is so much morbid feeling about "restraining persons of their liberty," and confining within the walls of an institution for the insane persons, whose insanity is of such a nature that they can easily enlist the sympathies of passers-by, and thereby secure their liberty when, in the judgment of the medical superintendent, it is not safe to trust them at large, that it is sometimes quite difficult to keep persons in such institutions when that is the only proper place for them. Medical superintendents of hospitals for the insane are often greatly annoyed by the officiousness of persons who interest themselves on behalf of patients who are progressing rapidly toward a permanent cure, but who have become impatient to be set at liberty prematurely. Such a course is often a great injury to the patient, a danger to the public, and is subversive of the discipline of the hospital, one of the most important means of cure.

Medical superintendents of our hospitals for the insane should be persons who can be confided in, and those who are insane should be placed under their care, where they should be retained until in the judgment of the superintendent it will be safe to discharge them.

MATERNAL IMPRESSIONS.

There is a curious study by Professor Hammond in the last number of the *Quarterly Journal of Psychological Medicine*—an excellent periodical, by the bye, which we hope to see long flourish—on the influence exerted on the fœtus by impression made on the maternal mind. We all know how profoundly this belief is rooted in the minds of common folk, and many of us have doubtless at times held it up to ridicule as a vulgar error. We think the general opinion of the profession is decidedly against the existence of any such influence.

Dr. Hammond takes up the gloves for the affirmative. He narrates a number of instances, several of them on insufficient authority, but others apparently verified with the greatest care by competent parties, in which physical malformation of the infant, seemed directly the result of powerful emotion of the woman while pregnant.

Now every physician knows that whenever a child is born with a "mother's mark," the family or the woman, at once and invariably, do refer to some ugly sight, or accident, or longing, which to them is sufficient cause for the mark or deformity. Every physician also knows that every woman when pregnant sees numerous cripples, feels repeated longings, and experiences we know not how many emotions of greater or less violence, without in the least affecting her babe.

While, therefore, we are willing to grant; *argumenti causa*, that all Dr. Hammond's cases are trustworthy—and could for that matter add others from our own experience—we do not concede that he proves his point.

The calculus of probabilities applied to these cases would give a proportion something like the following:

As the total number of emotions, sights or longings, capable in the fancy of the woman of producing a mother's mark, is to the frequency of such marks, so great inversely is the likelihood that the asserted cause is the real cause. In other words, if for each emotion, etc., we find a mark, the law of cause and effect is plain; and just in proportion as this is not the case, the law becomes less clear, and the greater the probability that the relation between the mark and the antecedent emotion is one of coincidence only.

Even when the relation is most striking, as in the instance of the woman who saw a man who had lost a part of the external ear, and bore a child with a precisely (?) similar deformity, this rule applies.

While, therefore, the well put arguments of Dr. Hammond invest this question with new interest and dignity, we do not think that he has done more than offer a plea for the popular belief. The negative evidence is immense, and though we are well aware that no amount of negatives over-weighs one positive, yet they render us justly suspicious of the claims of alleged positives.

INQUESTS.

One of the greatest of farces is the "crowner's quest law" of most of our commonwealths. The incumbent of the office of coroner is, we think, seldom a medical man, and if he has any pretentions at all, in that direction, it is generally his political, rather than his professional qualifications that recommend him for the position. In very few cases of sudden death from suicide, or other causes, obscure, or unknown is there any thorough post-mortem examination made. One reason is, that no provision is made for adequate compensation for proper investigations into the cause of death. It is very seldom that a complete chemical analysis is made in cases of poisoning. With scarcely any restriction on the sale of poisons, cases of murder or suicide by poisoning are of frequent occurrence, yet how seldom do we hear of a thorough chemical analysis in the course of a coroner's investigation! Incapable of making the examination himself, his own cupidity, or that of the authorities, prevents the employment of a com-

petent person, or of means to properly elucidate the cause of death.

In a recent case of a woman and her daughter who were found dead in Brooklyn, New York, it was evident that they had died of poison, but by whom administered has not been satisfactorily explained. No thorough examination of the stomachs of the mother and daughter was made, as the chemists of Brooklyn had not adequate means at hand, and the chemists of New York refused to make an examination, as in previous cases they were not adequately remunerated for their trouble.

The following is the evidence given in the case. There seems to have been no examination of the daughter for poison:

"Dr. A. W. SHEPARD, who with Dr. A. J. WILLETS made the post-mortem examination, described the condition of the bodies; he found in Mrs. Fall's stomach about six ounces of a pale, thick, colored fluid, resembling in appearance the material generally found in stomachs of persons dying from natural causes. To a dog, weighing about fifteen pounds, he administered about two ounces of this substance diluted with about twice that quantity of water, and in about fifteen minutes the characteristic symptoms of poisoning from strychnia appeared, and quickly terminated in death. Dr. SHEPARD explained the difficulty of making a chemical analysis of a substance, the nature of which is not known, and that the experiment tried was sufficient to prove the presence of nux vomica or one of its alkaloids, strychnia or brucia, and that a very large quantity of the poison must have been received into the stomach of Mrs. Fall. The Coroner, in making his charge, rehearsed the circumstances of the tragedy and reviewed some of the testimony. The jury at length brought in the following verdict: "We find that Elizabeth Fall came to her death from the effects of strychnia, administered by some person or persons unknown. That Jennie Fall came to her death from the effect of some narcotic poison, administered by some person or persons unknown.'"

Notes and Comments.

The Compendium.

The Half-Yearly Compendium of Medical Science is rapidly passing through the press, and will be ready about the middle of January.

The Daily Pocket-Record.

A most unfortunate and provoking error by the printer, just as the last sheets were passing through the press, necessitating the duplication of a great deal of labor, caused a delay of several days in this work—though before this reaches our readers it will have been sent out.

Correspondence.

FOREIGN.

LETTER FROM PARIS.

PARIS, Dec. 4th, 1867.

Medical Education.—Prof. Bouillaud.

EDITORS MEDICAL AND SURGICAL REPORTER:

Nobody learns to properly appreciate his own country until he has had an opportunity of comparing its institutions with those of another. At this moment, your correspondent is in a mood of enthusiastic admiration for an American principle in which hitherto he has always disbelieved. I mean the absolute freedom of medical education.

My conversion is, of course, due to closer observation of the effects of the centralizing system existing in Paris. I have been attending the clinics of the celebrated Professor BOUILLAUD, who, in his day, was one of the most original, distinguished, and useful members of the brilliant faculty. But, alas! to use a consecrated phrase, his term of usefulness is past, expired ten or twelve years ago, and nothing remains but the husks and rinds of the pabulum with which, in former years, the Professor used to nourish the intellect of troops of students. His body is still vigorous, his voice sweet and strong, but his mind grown tired in the course of seventy-two years, and unable to press forward in the march of modern science, returns, with intolerable yet pathetic pertinacity, to the ideas and combats of its youth. At the moment that M. BOUILLAUD discovered endocarditis and its connection with articular rheumatism; at the moment when his bold system of bleeding in pneumonia startled the medical world—at that time he could yet pay attention to the discoveries and labors of other men than himself, could write a clinical nosography exhibiting great breadth and acuteness of mind, could chain the ear of an enthusiastic audience, who thronged his wards, and even climbed on the beds to come nearer to the venerated teacher, and catch his words of wisdom. But now, old in the harness, and unable to make discoveries, he returns entirely to the remembered glories of his early manhood, revives discussions long ago out of date, circles incessantly around the two or three topics that have made his own name famous, enlarging upon them with painful garrulity, and utterly ignoring all others, however palpitating with interest.

In our country, a man in such a position would retire from public life, of which he was no longer

fit to bear the burden, and his place might well be taken by the talented Chef de Clinique, upon whom already devolves all the real care of the service at La Charité. But here the professors are appointed by the government, and for life; whether they teach well or ill, they continue to hold office and draw their fifteen thousand francs a year. But the artificial support given to maintain incapacity on a superior level to effective capacity is about as useless as an attempt to compress water, which glides under the weight and finds its level in another place. When the official professors prove their incompetency, the students desert their clinics and amphitheatres, and throng the classes of the free professors at the Ecole Pratique. Hardly a dozen continue to follow M. Bouillaud, in spite of his name, his fame, and his position at the Faculty, while the cours just opened by his chef, M. Cornil, is so crowded that it is difficult to find a place.

It has been noticed that the annual demi-riot that takes place in the grand amphitheatre of the Ecole, is directed not against the professors themselves, many of whom are personally popular, but against their official capacity. The students resent the *obligation* to listen to a man who has been appointed by the government. At the free cours, where the attendance is a matter of choice, there is no temptation to make a disturbance. Consequently, these cours professed at the Ecole Pratique really form the life of the medical instruction in Paris. The competition is open and keen, the amount of intellect engaged is immense, and each person feels the pressure of the labors of all the rest, which he is bound to equal, and resolved, if possible, to excel. Generally, there is no pecuniary profit to be obtained, as the majority of the cours are public, but the stake of reputation is sufficiently high to be played for with the utmost eagerness.

In fact, the general opinion among intelligent French physicians seems to be, that the official Faculty is a burthen and dead-weight on the progress of medical instruction, and all speak with admiration of the results obtained in England, by the system of "*enseignement libre.*" From all which, I have arrived at the conclusion, that the notable defects in our system of medical education are due, not to its liberty, but to the absence of an efficient standard of public opinion, which itself must result from a much more profound and thorough education than at present prevails. Out of this circle there is but one escape, the spontaneous formation of a thoroughly intellectual class among physicians, who should pursue science for its own sake, entirely independent of its possible influence on their private practice. Such a class would create a standard to which all pretensions would be compelled to submit, by the pressure of natural laws, while, as is evident from the long experiment in Paris, authoritative and official standards incessantly tend to degenerate into impotent names. The perils of liberty cannot be avoided by despotism, but by an infinitely more searching and rigorous education than despotism can ever obtain.

Exophthalmic Goitre, and Gangrene.

At the séance of the Société Médicale des Hôpitaux, M. Fournier described the autopsy of a patient, who, having suffered some time with exophthalmic goitre, (Graues' disease,) was finally affected with dry grangrene of the two feet and left hand. Death occurred just as the right foot began to show gangrenous symptoms. At the autopsy, the arteries, and the entire extent of the sympathetic nerve were examined with the greatest care, and no lesion was discovered to explain the gangrene. M. Fournier considers this to be purely the result of the anemia characteristic of the disease.

It is worthy of notice, that the patient complained constantly of intense, insupportable heat. In this case, the sensation was purely subjective; but M. Herard has observed a notable increase of temperature, appreciable by the thermometer, in six exophthalmic patients that had been under his care.

The absence of all alteration of the arteries is not exceptional in dry gangrene, according to observations made by different members of the Society. M. Raynaud had collected twenty-five or thirty cases of senile gangrene, without atheroma, or arterial, or any other affection of the coat of the blood-vessels. The same absence of lesion has been noticed in thrombosis, occurring in the course of cachexias.

Tempearature of the Body in Thrombosis.

Apropos of thrombose, some remarks were exchanged on the temperature of the body in cases of this accident, and M. Raynaud cited a case from his service at Hotel Dieu. The crural artery was obliterated on the right side, and the temperature in the groin was 35.10, and 32 degrees at the foot; while on the left, the temperature was 34 degrees in the groin, and 33.8 at the calf. Thus the root of the diseased limb was warmer, and the extremity colder than normal.

Diagnosis in Abdominal Tumors.

The known difficulty in the diagnosis of abdominal tumors is illustrated by the history of

some cases occurring at the Hôpital Rothschild, in the service of M. Worms. In each of these, in spite of the first appearance of the case, M. Worms was led to diagnose a deep-seated phlegmon of the abdominal parietes,—an opinion, which, in relation to the first patient, has been very much disputed.

In this case, the patient had been ill three months before his entrance into the hospital, and had apparently been treated for peritonitis. He had been suddenly attacked in the morning with a very violent pain in the right flank, that irradiated over the entire abdomen. The pain was unaccompanied by either vomiting or diarrhœa No relief was obtained from leeches, and the patient became gradually reduced to a condition of marked cachexia,—with slight hectic fever complete loss of appetite, and pallor of the skin.

On examination of the patient, the base of the thorax, at the right side, and the region sous hepatic were found to be evidently augmented in size; the last intercostal spaces were obliterated, and the tumefaction extended to five fingers' breadth below the false ribs. There was no doughiness or œdema of the teguments.

The inferior border of the tumor was sharply defined, and described a curved line, which just fell short of the xiphoid cartilage. The most minute examination failed to detect any sonorous point between the tumor and the liver. Resistance was every where equal, and the surface was entirely smooth, like that of the liver.

At the end of eight days, during which the tumor continued to increase in size, fluctuation was detected, and the patient being in imminent danger of death from exhaustion, the tumor was opened; first with a trocar, and then a bistoury. Only a small quantity of pus, mixed with blood, escaped at first, but subsequently it flowed in considerable abundance. A counter opening was made, and a drainage tube inserted. From the first escape of pus, the patient seemed to revive, and completely recovered at the end of several weeks.

M. Worms, excluding the possibility of an hydatic cyst, an hypertrophic hepatitis, and a partial peritonitis, provoked by cancerous degeneration, (this last excluded on account of the absence of effusion in the peritoneum,) decided that a deep-seated phlegmon was the cause of the tumor.

In the discussion before the Société de Médecine, several physicians maintained that the abscess had really been seated in the liver, as proved by the reddish-colored pus, to which the trocar gave issue. It was replied, that the quantity of pus was too considerable to have come from the liver of a patient that recovered; and, moreover, that it contained no hepatic cells.

In the second case, a boy of 14, was affected with an abscess, situated in the sub-umbilical portion of the *ligne blanche*, and the symptoms had consisted of colics, vomiting, and diarrhœa. No tumor was perceptible, but the sixth day of the disease, a small quantity of pus was observed to escape from the umbilicus,—and by this spontaneous opening was gradually emptied an abscess, resulting from a peritonitis. Convalescence coincided with the closure of the orifice.

The third case terminated fatally. The patient had been affected with an intense blenorrhagia, of three weeks' standing, when he was attacked with an intense pain in the right inguinal region. This was gradually followed, in spite of treatment, by a general peritonitis, to which the patient succumbed.

At the autopsy, the right iliac fossa was found to contain a purulent focus, the size of a turkey's egg, situated in the sub-peritoneal cellular tissue. It was separated from the aponeureuse The spermatic cord was entirely healthy, and therefore the abscess cannot be attributed to the blenorrhagia.

The pain experienced by the patient had been too violent to permit of minute exploration of the abdomen, so that it is uncertain whether or no the tumor would have been discoverable during life.

[To be continued.]

DOMESTIC.

The Mammoth Cave.

Editors Medical and Surgical Reporter:

I write to correct what I believe to be an error, which I notice you are perpetuating in the pages of the Reporter.

In your issue of November 30th, p. 479, you extract an article from the *Medical Record*, purporting to be the observations of Dr. H. Ralls Smith, of Louisville, Ky., upon the Mammoth Cave.

I visited the Mammoth Cave myself, in May last, proceeding thence from the meeting of the *American Medical Association* at Cincinnati. Since my return home I have delivered some lectures on the subject before our Local Literary Association, which were designed to give a more complete account of this wonderful curiosity, scientific and general, than was ever given to the public.

During the preparation of these lectures, my

attention was drawn to an article in the Philadelphia *Age* of August 30th, which was copied from the *Chicago Tribune* of August 18th. The communication was headed:

"A Visit to the Mammoth Cave. Important Scientific Observations—Effect of Darkness and Silence on the Optic and Auditory Nerves."

The article was signed "S. J. H.," and opens in the following words: "Will you permit me through the columns of your paper to invite attention to some very remarkable natural facts, communicated to me by Dr. H. Ralls Smith, of this city [*Chicago*, not Louisville, as you have it,] which came under his observation during a visit of scientific research to that geological freak of nature, the Mammoth Cave. They seem to be well worthy of record, but, as the doctor modestly intimated, may have been the subject of observation by others as well as himself, although, perhaps, not possessing the same degree of interest. Keenly alive to everything, however remotely connected with his favorite profession, the doctor, it seems, was perfectly astonished at the fixed and chronic state of blindness and deafness in which he found the permanent inhabitants of the Cave. These beings, it appears, are not only without eyes, or even the trace of an orbit, but, so far as could be ascertained by careful and indefatigable investigation, evidently destitute of the sense of hearing.

"By a casual observer no important deductions might be drawn from a knowledge of this fact, a rumor of which induced the doctor to visit the Cave, yet to the scientific inquirer into cause and effect, these facts possess a peculiar interest, bearing as they do, upon subject which has long been a matter of controversy among medical men, viz., whether the functions of the auditory nerves become impaired by the partial or total deprivation of the natural stimulus, precisely as the functions and properties of the optic nerve are diminished or destroyed in proportion as they are deprived of light. For the purpose of satisfying his own mind on this occasion, Dr. Smith on one occasion, penetrated about four miles into the interior of the Cave, and at some hundred feet below the surface of the earth remained 'solitary and alone' for a considerable length of time, in the midst of impenetrable darkness, and of a silence agonizing to a degree difficult of conception to those who have not made a similar experiment. 'The effect upon him, he states, was very distressing and almost insupportable, resulting in a very perceptible, although temporary, defection of hearing and aberation of mind.'"

After some speculations relative to the effects of the absence of sound and light upon the auditory and optic nerves, the writer continues: "From these facts alone, without any evidence further than that derived by a parity of reasoning, I am compelled to infer that the sense of hearing is also wanting in these beings [referring to all the inhabitants of the Cave], although originally existing in the species when first immersed in their living tomb.

"That the denizens of the Mammoth Cave are deficient in the sense of hearing, as well as in sight, Dr. Smith has satisfied himself by a variety of interesting and scientific experiments."

You do not give these details in the Reporter, but this is the chief part of the context upon which the remarks you quote from the *Record* are based. In one of the lectures, as before mentioned, which was in course of preparation at the time the article appeared in the *Age*, I took occasion to correct what I regarded as a glaring error, yet not supposing that it would ever appear in a scientific journal.

It has been demonstrated by such observers as Prof. Agassiz and Prof. Wyman, that the fishes of the Cave, of which there are several species, are all blind, but they all have *rudimentary orbits*, developed in some species more than in others; and all have large auditory organs.

Those who are interested in the investigation of the facts, I would refer to a paper of Professor Wyman's, published in Silliman's *American Journal of Science and Arts*, for March, 1854. He states that in his anatomical examinations of the blind fishes of the Cave, he found the organ of hearing to be largely developed; larger, in proportion, than in ordinary fish. The Professor also gives diagrams in the paper referred to, representing the rudimentary eye of the blind fish, and the largely developed auditory apparatus.

The eyes of the rat, Professor Silliman (who visited the Cave in 1850) states, are as large as those of the rabbit, though, when first captured, do not appear to possess more than a very imperfect sense of vision, if any. Their sight improves, or becomes developed, when kept for a length of time in the light. I am not aware that their auditory apparatus has been subjected to anatomical examination; but it is a well known fact to those interested in such observations, who have visited the Cave, that the rat is extremely shy, and flees upon the approach of man.

We saw innumerable tracks of the rats, but were unable to make a near approach to any of them.

Dr. Smith's voucher states that the animals of

the Cave cannot hear for the reason that there is nothing to be heard. Do not these animals make sounds by their own movements?—to say nothing of their articulate sounds, and to say nothing of the almost daily tread of visitors in all parts of the Cave.

The hearing, undoubtedly, compensates to a great extent for the loss of vision, just as it does in man.

It is unnecessary to refer, in this place, to the craw-fish, lizards, crickets, and bats, which inhabit the Cave, as the same remark regarding hearing applies to all.

We are told in the paper upon which these remarks are based, that Dr. SMITH satisfied himself of the deficiency of hearing in the animals of the Cave, "by a variety of interesting and scientific experiments." Not one of these experiments, nor a hint as to their character, is given.

We would be very much obliged to Dr. SMITH if he would give an account of his observations and experiments upon the permanent inhabitants of the Mammoth Cave, over his proper signature, in the pages of the REPORTER, or in any other journal he may see fit; for it is a subject in which I, and doubtless many others, feel a deep interest.

The effect of the darkness and silence which is said to have been produced upon Dr. SMITH, at the time he penetrated the Cave, a distance of four miles, alone, as well as other points in the article, might be remarked upon, but we forbear saying more at present, hoping to hear from him *in propria personâ*.

W. STUMP FORWOOD, M. D.

Darlington, Md., Dec. 13, 1867.

News and Miscellany.

An Asylum for Lepers in Jamaica.

It is reported that much excitement prevails in Kingston, on the island of Jamaica relative to the conversion of an old jail building situated in the central part of the town into an asylum for lepers. The objection is based in the popular belief that leprosy is infectious, but some of the medical men of Kingston contend that it is not, and, supported by their opinion, the Governor has determined upon carrying out the measure.

It appears that the number of unfortunates afflicted with that loathsome disease has greatly increased in Kingston of late years, and as there is no proper receptacle for them, they wander about the streets and lanes of the city seeking charity from passengers, and frequently intruding themselves even into private yards, much to the disgust and alarm of the citizens. It is greatly to be desired, therefore, that they should be provided with a proper asylum.

Baking Powders.

The Paris correspondent of the *Chemical News* writes as follows upon a well-known baking-powder out of which fortunes have been, or are to be, made. Of the composition of the powder of BORWICK we know nothing, but COOLEY's powder is as follows.—Tartaric acid, ½ ℔.; bicarbonate of soda and potato farina, or British arrow-root, of each ¾ ℔. (each in powder); separately dry them *perfectly* by a very gentle heat, then mix them in a dry room, press the mixture through a sieve, and at once put into packets, observing to press it hard, and to cover it with the foil or close-made paper, to preserve it as much as possible from the air and moisture. DELFORT's formula principally differs in the addition of *alum!* and carbonate of ammonium. With the addition of a little turmeric, the compound becomes the "Egg-powder" so often seen in the windows of grocers and oilmen. These mixtures are used in domestic economy as substitutes for yeast in bread and butter in pastry; and are in their way, and in their proper places useful, although humble adjuncts to the *materia* (may we not say *medica?*) of the non-professional cook. There is no doubt that by enabling pastry to be made equally light, and with one-third less butter, the better class of baking-powders have prevented many a bilious and dyspeptic attack.

—— Dr. ERASTUS OSGOOD died at his residence in Norwich, Conn., Dec. 22d, in his eighty-eighth year. He was born in Pomfret, Conn., March 14, 1780, and studied medicine under Dr. THOMAS HUBBARD of that town. In his twenty-fourth year, having been admitted to practice, he moved to Lebanon, and lived there until his seventieth year, in the enjoyment of a wide field of usefulness.

—— ELECTRIC PAPER. A M. TH. COURANT has, according to the *l'Evenement Medical*, invented an electric paper, which is said to be efficacious in relieving pain. The claims of this remedy are supported by several letters from physicians and others.

—— ITCH IN DELICATE SKINS.—HEBRA, of Vienna, uses the following application: Petroleum and spirit, each ℥i; balsam of Peru, ℥i; oil of rosemary and lavender, each ♏xv.

—— A complete set of BRAITHWAITE's Retrospect, bound in calf, can be bought by applying to this office.

—— Peruvian Bark in India. The cinchona succiruba has been completely naturalized in India. It attains a height of fifteen feet in three years, and its bark is rich in quinine. It thrives well only at an altitude of from 4000 to 5000 feet above the level of the sea; the bark of that grown in lower regions is much poorer. A recent discovery renders it probable that the tree may be grown with advantage, at an altitude of above 2300 feet, where the coffee plantations are situated. If the trunk of the tree be enveloped in moss for about a year and a half, its bark will become excessively thick, and much richer in the alkaloid principle. Two other varieties, generally sold under the name of cinchona pitayo, grow at an altitude of nearly 6000 feet. These contain about 11 35 per cent. of the alkaloid principle, nearly 6 per cent. of which is quinine.

[*Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.*]

MARRIED.

Beltz—Withrow.—Dec. 5th, by Rev R. Stevenson Dr. D. E. Beltz and Miss Mary Withrow, all of Cook Township. Pa.

Carman—Metzger —Dec. 12 1867, by Rev. Thomas M. Griffith Dr. W. J. Carman and Miss Mary E. Metzger, both of this city.

Cloud—Brower.—In this city, Dec. 21st, by the Rev. W. H. Furness, Dr. J. Albert Cloud, of Bordentown, N. J., and Mary G. Brower, of Philadelphia.

Mason—Knox.—Dec. 23, at the Middle Dutch Church, Lafayette Place New York, by the Rev J. H. M. Knox, D. D., of Germantown, Pa., Dr. Erskine Mason and Catharine M. Knox, daughter of the late Rev. John Knox D.D., both of New York.

Miller—Kramer.—Dec. 23d, 1867 at Sewickley, Pa., by Rev. J. M. Horner, Joseph W. Miller, M. D, and Ella A., daughter of J. P. Kramer, Esq.

Petrie—Lander.—In Phillipsburg, N. J., Dec. 19, 1867, by Rev. Jas. Petrie, assisted by Revs. R. B. Foresman and H. B. Townsend James A. Petrie, M. D., of Elizabeth, N. J., son of the officiating clergyman, and Miss Lizzie, eldest daughter of John Lander, Esq., of the former place.

Rutherford—Derienx—Dec. 5th, 1867, by Rev. T. P. Rutherford, Dr. W. Rutherford and Miss Maggie A. Derienx, all of Thorn Grove, Knox county, Tennessee.

Smith—Davis.—Dec. 26, by the Rev. W. A. W. Maygin, Charles Howden Smith and Adelaide, daughter of Dr. John Davis all of New York

Smith—Moorhouse—In Boston, Dec. 19, Henry M. Smith, M. D., of New York, and Miss Mary E. Moorhouse, of Boston.

Walters—White.—By Rev N. S. Lowrie, Dec. 5th, R. Wilson Walters, M. D., of Chagrin Falls, Ohio, and Miss Sarah F. White.

Wilson—Brayton.—At Hoosac, N. Y., Nov. 7th, by the Rev. T. S. Rogers, Wm. Vigil Wilson, M. D., of Brooklyn, and Miss Nellie H. Brayton, of Bennington Centre, Vermont.

Wilson—M'Ilvaine.—Dec. 11, at the residence of the bride's father, near Magnolia, Kent county, Del., by Rev. W. M. Warner, Dr. James H. Wilson, of Philadelphia, and Miss S. Emma, youngest daughter of M'Elroy M'Ilvaine, Esq.

DIED.

Barr.—In this city, Dec. 25th, Benjamin Rush, youngest son of Dr. Benjamin and Virginia C. Barr, in the 5th year of his age.

Cooke—At Holmdel, N. J., Dec. 27th, Robert W. Cooke, M. D., in the 71st year of his age

Pollock—In Pittsburgh, on the 18th of Oct., 1867, Mrs. Elizabeth Pollock, widow of the late Dr. Pollock, of Clinton, Pa., in the 67th year of her age.

Stewart.—In Brooklyn, Dec. 27th, James W. Stewart, M. D.

Stone.—In New York, Dec. 22 Robert, son of Dr. John O. Stone, in the 15th year of his age.

Taplin.—Eliza M. Taplin, wife of Dr. N. P. Taplin, died in East Canaan, N. H., Aug. 17th, 1867, aged 41 years.

Wack—At Trappe, Montgomery co., Pa., Dec. 28th, Dr. Philip Wack, in the 69th year of his age son of the late Rev. Casper Wack, of Germantown.

Whiton.—At Fishkill, N. Y., Dec. 15, Dr. M. J. Whiton, in the 63d year of his age.

Wolcott—At Utica, N. Y., on Monday, Dec. 23, Caroline, wife of Samuel G. Wolcott, M. D.

OBITUARY.

Rev. Chester Dewey, D. D., M. D., LL. D.

This distinguished divine and scholar died in Rochester, N. Y., December 22d, in the eighty-fourth year of his age. He was a native of Berkshire co., Mass., and was born in 1784. He was graduated at Williams College in 1806, was made tutor there in 1808, and professor in 1810. In 1826, he resigned this professorship, and took charge of the Berkshire Gymnasium, a celebrated school at Pittsfield. In 1836, he removed to Rochester, N. Y., where he has since resided. From 1831 to 1850 he was the principal of the Collegiate Institute in that city, and since 1850, a Professor in the University of Rochester. For many years he was Professor of, and Lecturer on Chemistry and Botany in the Medical Colleges at Pittsfield, Mass., and at Woodstock, Vt.

Professor Dewey's whole life was devoted to scientific pursuits, and he held a high position among American naturalists. The degree of D. D. was conferred by Union College, and that of LL.D. by Williams. Yale College conferred upon him the degree of M. D. Professor Dewey was a preacher and teacher for more than sixty years, and thousands of young men have been instructed by him.

Our first course af medical lectures was attended in Pittsfield, Mass, in the fall of 1847, when it was our privilege to be associated for some months with Dr. Dewey as student and preceptor, and we remember well the happy faculty he had of imparting instruction on his most difficult branch—chemistry—and of gaining the respect and good-will of the class.

ANSWERS TO CORRESPONDENTS.

Dr. D. H., of N. Y.—The fourth volume of the Trans. Amer. Med. Association is very scarce, and we doubt whether we will be able to get it for you. Will try, however. Unless another edition of Dr. Gross's Introductory is published we must fail to send you it either.

Dr. W. E. H., of Ill.—"Is there a manual on the treatment of diseases of the eye, which is fully up to the times? If so, what is the price of it, and where obtained?" We advise you to wait to get one now in the press of Simpson & Co. It will be duly noticed in the Reporter.

Dr. N. W. J., of O.—Your subscription is paid up to the end of 1867. Like many others, you have mistaken a "Notice of Subscription Due" for a *dun*. We will sell the instrument returned for what we can get for it, and credit you with the amount; but as we do not insure the safe delivery of goods, we cannot accept the loss.

METEOROLOGY.

December,	16,	17,	18,	19,	20,	21,	22.
Wind	N.	W.	N. W.	N.	N.	N. W.	S.
Weather	Clear.	Cl'dy.	Clear.	Cl'dy	Cl'dy Snow.	Clear.	Cl'dy. Rain.
Depth Rain							5-10
Thermometer.							
Minimum	19°	18°	26°	9°	13°	16°	23°
At 8, A. M.	25	25	30	15	18	30	37
At 12, M.	31	29	32	20	25	35	40
At 3, P. M.	30	31	33	19	20	35	41
Mean	26 25	25 75	30.25	15.75	19.	29.	35 25
Barometer.							
At 12, M.	29.9	29.9	30.2	30.6	30.3	30.5	29 9

Germantown, Pa B. J. Leedom.

THE

MEDICAL AND SURGICAL REPORTER.

No. 567.] PHILADELPHIA, JAN. 11, 1868. [Vol. XVIII.—No. 2.

Original Department.

Communications.

LEPTANDRA—LEPTANDRIN.

By J. Adolphus, M.D.,
Of Hastings, Mich.

This article of our indigenous materia medica has been so much neglected that but few of our practitioners know anything at all of its therapeutic value. It is generally ranked as a cathartic, and used nearly altogether for this purpose. In the recent state the root is an acrid cathartic, and possesses, like podophyllum, objectionable qualities in large doses. When dried, however, it is remarkably mild in its operation, losing all its severe powers. I have seldom used the crude root except in the concentrated tincture put up by H. M. Merril & Co., Cincinnati.

The action of leptandra in small doses of one and two grains of the finely powdered root is much like that of rhubarb. Indeed, I often prefer it in particular cases, when I wish to avoid the constipation so generally following rhubarb.

Leptandra is aperient, tonic, and cholagogue. It has a decided action on the small intestines, spleen, pancreas and liver. When the concentrated tincture of Merril is administered in mucilage, or a syrup of gum acacia, in doses of five to ten drops every hour or two, a mild evacuation of the bowels is obtained without the slightest exhaustion of even the weakest fever patients.

In typhus and typhoid fevers we have in the leptandræ tinctura concent., a valuable remedy. Even when the bowels are quite free the leptandra appears to increase the powers of the digestive portion of the small intestines, and at the same time evacuates the bowels, and carries off a black offensive intestinal excretion without causing increased weakness, and at the same time *increases the appetite of the patient.* There is no doubting this fact. I have frequently seen fever patients grow gradually weaker, and with more and more impaired appetites, bowels increasing in looseness, tender belly, tongue getting more and more red, thick, dry, and sordid, in fact dying of real inanition, food and every other thing passing through the whole intestinal tract subjected to but little change save that of putrefaction, suddenly snatched from the jaws of death by taking two or three drops of the concentrated tincture of leptandra every hour. In half a day or thereabouts, black tarry offensive evacuations would occur without producing prostration to the patient. In fact, the strength would be increased, the appetite immediately improve, the tongue look more clean, the mind become more clear, the tympanitis and tenderness relieved, and the patient make a speedy recovery. I say, then, in leptandra we have a very valuable remedial agent.

In all these cases, what is the trouble, I ask? I believe it to be a congested state of the intestinal and portal circulation. Intestinal digestion was obstructed in consequence. The diarrhœa increased in proportion as the starvation advanced. The tongue, belly, and delirium indicated a severe exhaustion of life-forces. In these cases, wine is death, food is of no avail, and turpentine is an irritant. Our only hope is in increasing the blood-making forces and restoring nutrition. The leptandra does this indirectly, by removing the obstruction to intestinal digestion. No other remedy has succeeded, in my hands, equal to the concentrated tincture of leptandra. Again, in the forming stages of typhus, when the tongue is broad, white, tremulous, heavily furred at base and body, and red at tip, while

the patient feels a wearing and growing prostration creeping on him, entire loss of appetite, nervous restlessness, headache, especially in front and over the eyes, one grain doses of leptandrin, with two grains of bicarb. potass. every two hours, will relieve these symptoms in a remarkable manner, and put the patient on the road to recovery almost immediately, after the bowels have become moved. These cases, if allowed to progress, turn out pretty severe typhus cases, and are generally lingering, unless modified by the above treatment. Its operation on the intestinal glands, pancreatic, biliary, and other fluids, induce both secretion and excretion by the bowels, and increase the vital forces of digestion and elimination.

Leptandrin is not an aperient alone, except in large doses of eight to ten grains. This, though true, does not express the therapeutic action of leptandrin. Its action on the hepatic gland and circulation is rather remarkable. In cases of fever, where the bowels are sluggish, it causes evacuations slowly, by acting on the juices of the small intestines and liver. Though slow in its action in such cases, often requiring one, two, or even three days, to accomplish its effect, it really brings sound evacuations, by stimulating excretion and secretion, which revive the natural peristaltic forces of the bowels, and give evacuations not so much fecal, as of the secretion and excretion of the small intestines. Though fecal matter is an excretion, yet we must admit, that the glands of the small intestines perform excretory offices other than of a fecal character. In these forms of fever, if we can increase the absorbing and digestive powers of the small intestines, we may safely risk our patients.

In all forms of diarrhœa and dysentery, leptandra and leptandrin are valuable agents. The disease known as cholera infantum must be looked upon as a state of the intestines inducing inanition. We who have enjoyed large experience in treating disease, are well aware that when our patients fail to appropriate food, their cases grow worse in proportion as the starvation progresses. Singular though it is, yet nevertheless true, both our teachers and writers are seldom enough awake to this important point in therapeutics and practice. In cholera infantum, the treatment is as barbarous as it is possible to be in our enlightened age. How few of us look upon it as a form of true inanition? The small intestines are the seat of the complaint, and from them radiate, by way of sympathy and reflex action, all the other symptoms. We forget that the small intestines perform the *most important part of primary digestion.* I say, then, is it any wonder we are druggers? In cholera infantum, the leptandræ tinctura in concert with glycerine, make valuable aids as curatives. In a former paper I spoke of glycerine as a remedy in this disease. Experience has only served to increase my confidence in it. When the small intestines in this disease are so hyperæmic or congested, when they are so irritable, and cause so much reflex action and sympathy in other directions, we will find the leptandra the great remedy. It must be recollected that its operation is slow. Its influence on these organs is truly great and pleasing. It relieves the congested and the hyperæmic condition, and awakens renewed energy in the glandular system, and also of the portal physiological forces, and allows digestion and absorption to proceed. Often we get in a hurry, and attempt to hurry up the poor jaded organs, with what success we all know.

Leptandra, in these cases, combined with carb. soda, glycerine, and plenty of mucilage, has done me most excellent service. The child will soon begin to lose its excessive thirst, and the bowels will at first appear to be more loose, though the evacuations will slowly grow more consistent. Often the discharges will be checkered with green, black, and yellow or pink spots, but they gradually will grow less frequent, and the appetite will increase. When this latter occurs, much care is needed with the food. In teething children, suffering from cholera infantum, small doses of muriate of ammonia, from one-twentieth to one-tenth of a grain, with the leptandra, aid in arresting or modifying the severe nervous symptoms. On some future day I shall prepare a paper on this sad disease.

Leptandra, or the leptandrin, in union with quinine, forms one of those happy combinations we love so much to praise. In intermittents and remittents we have but few combinations that equal this. Especially is this so if the digestion is deranged and the bowels irregular. A grain of leptandrin and one of quinine repeated every two or three hours, seldom fail, in my hands, in arresting and curing cases as they generally appear, and if repeated three times a day, make a permanent thing of the cure.

Leptandra and gentian, in the proportion of one ounce of the coarsely powdered root of the former and two ounces of gentian, infused in a pint of boiling water, and drank, one ounce at a time, three or four times a day, cured a case of emaciation that had resisted every other means for nearly two years. The emaciation was not caused by consumption. The patient had a cough, and expectorated purulent matter, skin yellow, dry, harsh, and hot, pulse 80, bowels very irregular, appetite singularly voracious at times, at others would be entirely lost. Belly full, hard, and tender, all the glands (liver, spleen, etc.), quite enlarged, tongue red, back-ache almost constant. This case passed through the hands of all manner of doctors. I ordered the leptandrin and gentian. The patient took nothing else for thirty-one days. Her recovery was rapid after that. A free state of the bowels came on in two weeks, and then the skin changed its color, and the other symptoms declined, while the appetite gradually grew regular and normal, after a period of almost total suspension. This case taught me a good lesson, and opened up to me a wide insight into chronic diseases and their treatment. Since then I have used the leptandra with the vegetable tonics and bitters very freely, with unusually good results, in many forms of chronic complaints.

A year ago, a gentleman who had complained of a constant back-ache, loss of virile power, sluggish and torpid bowels, restless nights, loss of appetite, neuralgic pain over his abdomen and down his thighs, and a constant dread of paralysis, from his feeling frequent "prickling" sensations in his hands and forearms, which altogether made him miserable; he was really thin in flesh. I ordered him the leptandra and gentian, with the best results. I tried the experiment, during the process of cure, of omitting one or the other of the remedies, and found that the combination was really needed to effect good results.

Leptandrin is an alterative of no mean importance in skin diseases. Though I must express my belief, that its great influence and benefit is through its influence on the digestive powers of the small intestines. In all intestinal diseases we may rank leptandra and leptandrin as the most valuable remedy we possess. When we suspect that the liver is torpid, and that digestion is at fault in consequence of such torpidity and intestinal congestion or inactivity, we may confidently resort to them.

A gentleman came to me six months ago, sadly complaining of piles. They were really rebellious in every respect. He frequently lost four to six ounces of blood at stool. They were painful and frequently prolapsed. His bowels were irregular, often costive. He was of the bilious-sanguine temperament. He had been treated by his physician with blue mass, quinine, iron injections, tonics, etc. I ordered him leptandra rad. in coarse powder, ℥iss.; colombo, in coarse powder, ℥iij; boiling water, f.℥xxiv. A wineglassful before and after each meal. He was cured of his piles and costiveness, and is now entirely well.

A lady who suffered much from prolapsus uteri and leucorrhœa, with alkaline urine and severe weakness of her back, all of which persisted after other restoratives were used, was put upon the following with splendid results: Leptandra, ℥iss.; cimicifuga racemosa, gentian, āā ℥ij; boiling water, f.℥xviij. When cool, alcohol, f.℥iv., was added, and after standing twenty-four hours, was strained, and ℥x. of sugar added. Of this she took a tablespoonful before and after each meal. She persisted for three months, and got over her troubles entirely. Even the prolapsus receded, and her urine grew acid. She is now well. I have treated many cases of dyspepsia in this wise with very excellent results, especially those cases brought on by gluttony. In hepatic derangements of the feeble, leptandrin stands

at the head of all other remedies. Its operation is more mild than rhubarb, its influence on the biliary apparatus is decided and indisputable, often effecting copious secretions of biliary matter. On the small intestines it stands as an unrivalled actor, bringing all the glands of those organs into activity, and relieving the congestion and hyperæmia of the tissues of those organs, and permitting intestinal digestion and absorption to proceed.

For children, it forms a good and safe evacuant, relieving their bowels readily, and restoring their deranged function. I have seen one grain of leptandrin, triturated with sugar and divided into six parts, remove constipation in a child of three years old, whose bowels were so torpid as to go four days without moving. This prescription, repeated a few times, overcame the entire difficulty. I have seen strong athletic men, who, in health, rarely had their bowels moved more than every other day, and who, while suffering from a bilious fever, presented obstinately constipated bowels, have regular, mild, and effectual evacuations after taking one grain of leptandrin and two grains of bicarb. potass., every hour, for six or eight hours, and by taking two or four grains a day, have their bowels regular. In children, when the appetite is poor, and they are anemic, and we have reason to judge the digestive powers at fault, I find no remedy equal to leptandra and the bitter tonics, no matter what the state of the bowels may be.

I wish to say a word or two respecting my paper on PODOPHYLLIN. I am represented as saying podophyllin in many places where it should be podopill*um*. However, the reader must see the error, and correct it. I have received many letters from physicians, informing me that they cannot percolate the finely powdered root in the formula on second column of page 439, vol. xvii. True, it is slow work, but in the lieu of the finely powdered roots, the coarsely powdered, used for tincturing, may be used, but the digestion must stand twice as long at an equal temperature, and then be displaced until ℥xx. have run off. The podopyllum and hydrastus may be doubled in quantity, and fourteen ounces of good whisky added, after ℥xx. of percolated fluid is obtained, and then six ounces of tr. cimicifuga sat. added. Dose, etc., as in the original.

PHYSIOLOGICAL AND PATHOLOGICAL RELATIONS OF THE TRUNKAL MUSCLES TO THE CARDIAC FUNCTIONS, WITH THE THERAPEUTIC INDICATIONS INVOLVED.

By E. P. Banning, M. D.,
Of New York.

Normal Position and Relation of the Heart.

If the thorax of a vigorous man were transparent, the heart would be seen to be *resting* upon the undulating diaphragm, which has by the abdominal muscles been forced up to the normal anatomical position for that viscus. In meantime, its ligamentous moorings, having no opportunity to act as suspenders to it, act simply as *braces* or *guys*, to prevent its undue rotation or libration. As to position then, with vigorous abdominal muscles, the heart is positively passive, and in the enjoyment of that state of organic *rest* and *security*, which is so adapted both to permit and invite its best inhering activities. In a word—as an individual, we find it physically helpless, but thoroughly protected against the gravitating tendency of its own great weight by remote and proximate forces, which vigilantly support and bandage it into perpetual situ.

Thus much for the *simple facts* of the heart's normal status, and in passing, we only stop to remark (unnecessarily perhaps) that this protected and bandaged state is not a mere circumstance, incidental of the creation process, but is the culmination of a law, that the perpetual evolver of the *first cardinal process of life, pre-eminently* has but one only precise normal position and bearing which is consonant with its best uses or physical well-being.

Abnormal Physical Status of the Heart.

We have seen that a prime element in the heart's normal status, is a condition of *elevation and support*, and that such elevation and support is consummated and perpetuated, mainly, by the abdominal muscles; and we have no alternative left, but to conclude, that in the ratio of the efficiency of these muscles, the heart must settle from its seat, or at least, its apex must dip, and its ligamentous guys and their attending nerves, be correspondingly tensed. This will result partly from visceral traction upon the diaphragm on the one hand, and partly from the heart's own weight on the other. Another conclusion is—

that in such cases, the heart is actually *dislocated*, and is liable, in its order, to all legitimate behests of such an unlawful condition.

But, rational as is the idea of a possible *dislocation* of the heart, some have met it with a sneer, and the declaration that it is "impossible, as the cardiac ligaments are adequate to sustain fifty times the heart's weight," and also, "that instant death would result from any displacement of the seat of life." That a greater or lesser evil may result from a departure of the heart from its preordained location, we readily admit. But *why* is it either impossible or ridiculous, that the weighty heart should settle under a laxity of its normal supports? Can the heart suspend itself? Has it any inhering spirit-force, which exempts or separates it from the common properties of matter, under equal circumstances? And apart from reason, what shall we do with several concurrent *facts* which challenge our trusted senses. For instance, we are often solemnly asked by invalids, if it is "possible for the heart to drop," and are told of their certainty of the fact in their case. It is also a fact, that such patients have frequently placed our hand quite below the anatomical altitude of their heart, where we have felt that organ beating, but could feel no beats in its normal location. And again; Job says in a time of extreme fasting and weakness—"My heart trembleth, and is moved out of its place."

In view of all this then, we do not stop to offend the professional sense by reasoning on the point, but assume at once, that such an unsupported and semi-suspended condition of the heart, and such a traction of the cardiac ligaments and nerves, as is implied in muscular laxity, is adapted to disturb the organic sensibilities of that organ, and thus to act directly or indirectly, as an *exciting* influence, in any cardiac derangement. For instance, if there exists any organic derangement, the above state will tend to *excite* exacerbations of angina pectoris, or other valvular troubles. And if there exists only a highly susceptible temperament, then the effects will be confined to paroxysms of ordinary palpitations, intermittent action and hysteria. Again, this view is powerfully confirmed by the actual fact, that the physical form of such subjects, corresponds to that of *fig.* 1, in contrast with *fig.* 2, (see Reporter, June 22d, 1867,) which represents a depression of the abdominal viscera, an unsupported state of the diaphragm, and of consequence an imperfectly sustained condition of the heart, and an undue traction of the cardiac ligaments and nerves.

Therapeutic Indications.

Having now seen that a vigorous action of the abdominal muscles upon the diaphragm is a *sine qua non* to the stable performance of the cardiac functions, and that muscular laxity tends to disturb the same, it follows as a logical and rational sequence, that concordant and imitative mechanical support, is indicated in every case of functional and organic derangement of the heart, where muscular laxity can be suspected to exist, either as a primary or secondary influence. In our hands so wonderful have been the sanative results of the practical application of this principle, in the treatment of a long list of cases, ranging from hopeless organic to mere muscular and nervous derangements of the heart, that even in the *absence* of logical or rational support, we would feel driven to make mechanical support the *basis* of our treatment. Indeed so impressive has been the resultant lesson from such a course, that for *conscience' sake*, we dare not omit such a practice, even in the most folorn cases of hypertrophy or valvular disorganization. The rationale of this result seems to be, that the abdominal and spinal shoulder brace (see fig. 3, Reporter, June 22, 1867,) so supports the heart, erects the body and expands the chest, as to place a quietus upon exciting and provocative influences, and thus to protectively avert the frequent culmination of disturbing circumstances, and at the same time render other wise treatment eligible to its legitimate results. And further, so happy has been the working of this principle, in both moderate and extreme cases where muscular laxity was *palpable*, that we have been tempted to make the experiment of support where laxity was not at all obvious, with decided good results; much on the principle as we suppose, that a tight bandage is a relief to an aching head. Of this the following suggestive case, is fairly representative of many others. Mr. S., druggist, aged 40; applied to us for a brace for palpitation of the heart, saying that he was conversant with our theory, and was satisfied that it was correct. On investigating the case and making out no sign of muscular laxity, we declined to apply the brace, on the idea, that his was a case, purely, of organic valvular trouble. On the ensuing day he returned, and ordered us to apply the brace on his own responsibility, saying. "I've been trying abdominal support with my hands, and have invariably experienced an arrest of palpitation, and also an immediate return of the same on suspending the support. I've tried it over and over until I'm satisfied." We complied with his wish, and the result was a decided success, and but recently,

(after twenty-four years of experience), he reported himself as ever comfortable *with* the brace, and invariably worse again on leaving it off. In this case there is evidently an organic valvular derangement, which is kept at bay by the protective action of the brace. But it is in the more hypochondrical and hysterical, or nervous forms of palpitation (in male or female,) where the most radical results, have been realized, and where the practitioners would do well to make an early application of support, before wasting time on palliative tonics and nervines, which cannot reduce a visceral dislocation or restore that lost mechanical policy of the viscera, which is the charter of their harmonious functions in perpetuity.

Hospital Reports.

Jefferson Medical College, *November 27th*, 1867.

Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

Peculiar Appearance of Scrotal Hernia.

Herman R., æt. 7. This boy has a curious tumor of the left testiele, presenting an hour glass contraction. When he coughs there is a distinct impulse imparted to the fingers. That the affection is a scrotal hernia, is proved by the reduction of the swelling which was readily effected, and maintained while the finger was kept in the external abdominal ring. The testicle is situated at the inferior extremity of the tumor, as it always is in hernia. In hydrocele, which this affection resembles somewhat, it is at the posterior part of the tumor, at the junction of the inferior with the middle third; sometimes, however, in exceptional cases, it is also at the bottom (*vide* vol. xvii., p. 422).

In examining a tumor of this kind, with a view to diagnosis, there will be no difficulty in regard to discrimination, when it is reduceable. All that it is necessary to do is to place the patient on his back, elevate the knees, take hold of the scrotum, and raise it perpendicular or very nearly so with the wall of the abdomen, and then by pressure push the parts back into the peritoneal cavity. This cannot be accomplished when the tumor is produced by hydrocele, or when it depends upon an enlargement of the substance of the testis, or of the testis and epididymis. When there is varicocele, reduction can be effected in the same way; but, while in hernia, pressure by the finger over the external abdominal ring prevents the re-descent of the bowel when the patient rises, in the case of varicocele, the tumor will reform under this pressure, and all the more rapidly, because of it. Neither in varicocele is the tumor so uniform as in hernia or hydrocele; it is comparatively soft; the enlarged veins feel very much like a bundle of earth worms; and, very frequently, especially in young subjects, where the scrotum is very thin and delicate, the enlarged veins may be observed on account of their blueish appearance. Besides, in varicocele, the tumor is always on the left side, which is not invariably the case with hernia. It is only when the hernia is irreducible, and the parts remain permanently external to the walls of the abdomen that any difficulty in diagnosis will be likely to arise. In such cases, the position of the testicle, the presence or absence of fluctuation and translucency, and the feel of the parts, will usually suffice to clear up any doubt which may exist. When, however, any doubt remains after a thorough examination, the exploring needle may be employed with advantage, provided it is very small; otherwise, if the affection should prove to be a hernia, injury may result to the bowel.

When the hernia is reducible, the best plan is to make the patient wear a truss with a wooden pad, of an ovoidal shape, curved upon the surface which is brought in contact with the groin, and provided with a good spring, well adapted to the parts as well as the hips. This truss should be worn constantly day and night, keeping up firm pressure over the external and internal rings, as well as over the interval of included canal, in order that plasma may be poured out, and in this way obliteration be effected. When the subject is young, though the abdominal ring may be large, as in this case, there is always a prospect of securing a radical cure. But to accomplish this, it is necessary that the truss should be worn for a considerable length of time—from eighteen months to two or three years. If the case be one of recent standing, and the apertures comparatively small, a cure will usually be effected in the course of a very few months, by a well constructed and adjusted truss. The patient should avoid all exciting causes of hernia, especially great bodily exercise.

The boy was ordered to procure the truss with a wooden block, as originally recommended by Dr. Stagner of Kentucky, and afterwards improved by Dr. Chase of this city—by far the best instrument of which Professor Gross has any knowledge.

Divergent Strabismus.

Lizzie M., æt. 18. The left eye of this patient has been turned outwards for about six years, a comparatively rare form of strabismus.

A horizontal incision was made, with a delicate pair of scissors, along the lower margin of the external straight muscle, which was then hooked up, and divided completely, as well as the fibrous bands stretched from it. There was very little bleeding.

Professor GROSS has not the same faith in the result of such an operation, in the divergent form of strabismus, as in that caused by contraction of the internal rectus. Why the operation should not be as successful in the one form of strabismus as in the other, has not been explained, and is, perhaps, inexplicable with the present extent of our knowledge.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

Regular meeting, December 11th, 1867.

Dr. HENRY B. SANDS *in the chair.*

Necrosis from Gun-shot Wound.

Dr. A. C. POST presented some small pieces of dead bone removed last week from a soldier wounded in July 1864. The course of the ball was through the arm, about a hand's breadth below the shoulder-joint; the bone was perforated but not broken in its continuity: after passing through the arm, the ball struck against the second rib and lodged there, and some small portions of dead bone were taken from the rib. When he appeared at Dr. POST'S clinic a sinus was found leading to the injured bone, this was enlarged until the finger could be introduced, and afterwards a pair of forceps, and a small piece of the bone removed; there yet remained a small piece in the cavity of the bone, but the outlet was not sufficiently large to allow of its extraction: after applying considerable force, the fragment was broken and extracted.

Morbus Coxarius.

Dr. HAMILTON presented the head of a femur with about three inches of the shaft attached with the following history. This specimen was removed from a boy who has been suffering from hip-joint disease for a number of years, but after being admitted into the hospital, he improved sufficiently to be able to get about the wards; there was, however, a persistent discharge of pus from four or five different points in the vicinity of the joint. Seven weeks ago it was thought proper to make an exploratory incision to ascertain if the head of the bone was in such a state of disease as to justify resection. This operation, a trivial one compared with resection, was accordingly performed, and upon examining the head of the bone it became evident that it was not necessary to excise the head of the femur. There was very little motion between the head of the femur and the acetabulum, and it seemed as if bony anchylosis was about to occur; or, in other words, that the joint was undergoing a process of repair, rather than one of destruction.

The patient did not recover well after the operation, and at the end of five weeks died. On making an autopsy and removing the bone, the whole surface of the head of the femur was found eroded, and its synovial covering had entirely disappeared as far down as the lamellated portion. The bone elsewhere is round. The question of interest in this case is, whether it was right under the circumstances to decline to exsect the head of the femur. He would like to see that point settled. It seemed to him that we are not warranted in removing the head of the femur in cases of simple erosion, for we know that these cases often result in anchylosis, and this case seemed especially in a condition for the arrest of the erosion, and the formation of a bond of union between the head of the bone and the acetabulum. He had had a case last winter, in which union had occurred by the formation of ligamentous material, leaving a tolerably perfect joint, and another in which bony anchylosis had resulted after an exploratory incision had been made,

In complicated joints, such as the knee and elbow, where free incisions do not give ready passage to the matter, it would seem warrantable to make an exsection, but it does not seem so clear in cases of a simple ball and socket-joint that we are warranted in resecting. We know that the argument in favor of resection is, that thereby we take off all pressure by preventing the surfaces of the joint from coming in contact. but for that end only, a very small portion need be removed. In conclusion, he wished to know if he was right in declining to operate by resection. His impression was that in such cases our duty was to reëstablish the health and trust to the formation of bony or ligamentous union, as both are occasionally obtained.

Dr. ROGERS inquired as to the cause of death.

Dr. HAMILTON thought that the shock communicated by an anæsthetic upon a system already exhausted, contributed somewhat to the fatal

result. The patient did not seem to recover thoroughly from the effects of the ether.

Dr. Sayre inquired as to the position of the patient after the operation.

Dr. Hamilton stated that it was just the same as before the operation—the leg flexed at about an angle of forty-five degrees, and perhaps a little abducted.

Dr. Krakowitzer did not think that the danger resulting from resection was any greater than that resulting from a thorough exploratory incision.

He thought that as a rule, exsection was to be preferred, because the limb is far more useful when the head of the bone is removed. He thought it was extremely difficult to ascertain by exploratory incisions whether the joint was in a process of reparation, for although we may by this means determine the condition of the head of the bone, we cannot learn the condition of the acetabulum, and even if a reparative process is going on, it proceeds under less favorable circumstances, and with less favorable results than when the head of the bone is removed. He would, therefore, as a general rule, prefer to resect the articular portions, rather than trust to the reparative efforts of nature.

Dr. Sayre thought that Dr. Krakowitzer had made a very clear statement of the case, and he very heartily concurred with him, except in one thing, and that was with regard to the comparative danger resulting from exploratory incisions and resection. He thought the danger was infinitely greater where incisions were made, and the wound left to discharge without proper drainage. In such a case the joint is left open, the source of irritation remains, and for want of proper drainage, the joint is liable to become infiltrated with purulent matter. In cases of resection, owing to the improved position in which we can place the limb, all this is avoided. Dr. Hamilton tells us that the position of the patient was just the same after the operation as before, the leg flexed and somewhat abducted, a position not favorable to the proper drainage of the wound. In making resections of the joint, he believed that the trochanter major should always be removed, even if it is not diseased, as it acts as a plug, stopping up the wound, and interferes with the formation of a good joint.

Dr. Hamilton did not regard the removal of the trochanter major as by any means an easy operation, on account of the strong attachment of the periosteum and tendons at this point. He did not think the remarks of Dr. Krakowitzer applied to his case; the simple exposure of the head of the bone by a slight incision was not to be compared in danger to the resection of the head, neck, and trochanter major.

Dr. Sayre admitted that in the case of healthy bone, the removal of the periosteum is difficult, in fact, impossible in the recent subject, but where the bone is diseased, it is comparatively an easy matter.

Dr. Hamilton insisted that even where the bone is diseased, the removal of the periosteum from the trochanter major requires a difficult and dangerous dissection. He had always noticed that the attachment of the tendons and periosteum just behind the trochanter major was extremely firm, so firm indeed, that the suppuration of the parts surrounding it has no tendency to effect a separation.

Dr. Krakowitzer thought it was not necessary to remove the trochanter major, unless it was diseased.

Dr. Sayre thought he had seen better results where it was removed, and had met with no great difficulty in removing it by the use of proper knives. He thought that leaving a clear space was a very important element in the operation, and that the chances of the formation of a useful joint were better where the trochanter was removed.

Dr. Hamilton wished to ask if there was not an amount of disease so small, communicating with a sinus, where the treatment by exsection would not be proper? If, in a given case, he should meet with slight erasion, he certainly would not deem it necessary to resect the joint.

Dr. Sayre said that in such cases he had gouged off the diseased portions, leaving the bones in position, with a successful result.

Cystic Kidneys.

Dr. Finnell presented a pair of cystic kindeys, taken from a man, 45 years of age, who had died very suddenly with brain symptoms. No examination was made, and the cause of death was not ascertained.

Uterine Pathology.

Dr. Finnell also presented a uterus removed from a woman, 30 years of age, who died of Bright's disease. She was three months pregnant. Abortion occurred twenty-four hours before death. The uterus shows a very handsome corpus luteum.

The Doctor also presented a second uterus taken from a woman who had been in labor for forty-eight hours, under the care of a German midwife. During the whole of this time, the bladder had not been evacuated. The patient

was afterward delivered by a proper medical attendant, but inflammation of the vagina and vulva followed, and, finally, sloughing of the vagina, causing death at the end of eight days. No corpus luteum can be found.

The Doctor presented a third uterus, taken from a prostitute who had had several abortions produced, and was supposed to have given birth to at least one fully developed child. The os was smooth and unfissured, presenting the appearance of a virgin uterus.

Dr. Sands inquired if it was certain that she had ever given birth to a child.

Dr. Finnell stated that she had a child which she claimed as her own.

A member thought that this was no proof that she had given birth to it, as prostitutes sometimes adopt children.

Dr. Finnell had still another uterus, taken from a woman three months pregnant, in which abortion was induced by fright, and completed by the introduction of a uterine sound. The sound was carefully introduced, and the contents of the uterus finally expelled. A few hours afterward she had violent hemorrhage, and on the fifth day, died from peritonitis. On examining the uterus, a false passage was found, which might have been caused by the instrument.

Dr. Newman presented an ovarian cyst and a modified clamp for the securing of the pedicle. The clamp has upon its internal surface a number of sharp projections.

Dr. Cutter thought that if the internal surface of the blades were simply roughened, it would be quite as effective, and there would be less danger of piercing the vessels of the pedicle.

The wound resulting from the operation was treated with carbolic acid, as recommended by Lister, and the patient, after a somowhat protracted illness, recovered.

Excision of the Entire Scapula.

Dr. Rogers presented the results of a very formidable operation which he had performed the day before. It consists of the entire scapula, on the posterior surface of which there had been developed a large malignant tumor. The operation was attended by far less hemorrhage than was anticipated. Only one vein was ligatured, and but two arteries, the supra and infra-scapularis. Four hours after the operation, the reaction was good, and she passed a very comfortable night. Thirty hours after the operation, there was some irritative fever, and to day she was suffering from considerable nausea, but, considering the extent of the wound, she is doing as well as could be expected.

Dr. Jacobi presented an *acephalous fœtus*. All the organs of the body, with the exception of the head, were normally developed.

The flexures of the colon were quite acute, a circumstance which he has noticed before, and which he believes to be the cause of the obstinate constipation sometimes noticed in new-born infants.

The Society then went into executive session.

M.

Editorial Department.

Periscope.

Iodine Inhalation in the Treatment of Diphtheria.

Dr. J. W. Curran, in the *London Lancet*, has the following on this topic:

To those interested in the subject of diphtheria, the experience of a recent epidemic with which we have been visited, and the result of the treatment adopted, may not prove uninteresting nor disadvantageous.

The disease broke out sporadically on the 2d of January, by attacking the daughter of a Coast-guardsman residing at Pevensey station. The girl had been out of health for a couple of days before advice was sought. On being visited, I remarked enlargement of the tonsils, with one of the usual membranous specks indicative of the disease developed on the left; the glands of the neck on the corresponding side were enlarged; there was no pain complained of on deglutition, but a good deal of fever. The tonsil I freely cauterized, prescribed a solution of chlorine gargle, and a dose of calomel. The following day there was an aggravation of all the symptoms, with an increase in extent of membranous deposition; the voice was husky, breath fetid, pain in deglutition, and a croupy cough. I applied a blister to the exterior of the throat, prescribed powerful tonics, and ordered brandy, wine, and beef-tea alternately, every hour. Toward evening the breathing became more complicated, blue blood began to circulate, and the girl died in a fit the ensuing morning.

On the 4th of January two additional cases occurred; one in the house adjoining the first, the other in a farmer's cottage some quarter of a mile distant, where there was no communication with the Coast-guard buildings in which the disease began. Both cases I treated in a similar manner to the first, and both died; one in a characteristic convulsion, and one passed quietly

away. After an interval of several days, six new cases commenced, just as the consternation was beginning to subside, and when we had hoped the disease had left us; these I treated by local cauterization, with nitrate of silver where it was practicable, and the inhalation of iodine in hot vinegar and sage, prescribing large quantities of wine and ammonia, strong beef-tea, and ice, and counter-irritants over the chest, as in the first three. Some of these were truly formidable cases, manifesting symptoms which, writers on the subject tell us, once evinced, are never recovered from; but all ultimately recovered, with ten others which subsequently occurred. The wives and children of the artillery-men stationed in the Martello towers in the neighborhood, in several instances became affected; some deaths happened, and the disease only yielded to treatment, when the doctor in attendance, at my suggestion, altered his plan, and had recourse to the iodine inhalation, which eventually turned out as efficacious with him as with me. Of its value in this disease I speak fearlessly, and truthfully consider that many of the cases I had under my charge must assuredly have succumbed, had it not been for the service rendered by the iodine. To those to whose lot may unfortunately fall the treatment of diphtheria, I would earnestly recommend a fair and early trial of inhalation of iodine, combined with sage and hot vinegar. The sage I look upon as a useful adjunct, not relying solely on the hexameter,

"Cur moriatur homo, cui crescit salvia in horto?"

but believing it possesses many sedative virtues when employed as an inhalation in throat affections.

The Admiralty, through their officer, gave every assistance, and afforded every facility in the attempts made to arrest the progress of what seemed an exceedingly virulent epidemic. The water-tanks connected with the buildings were opened and examined, and a thorough investigation made to account for the presence of the disease, but with little avail; doubtless, however, the development and diffusion of the disease depended on certain atmospheric and hygienic conditions communicable through the air or water, which, in the present instance, we were unable to determine or account for. Nevertheless, my experience in combatting the epidemic has taught me that the direct influence of iodine vapor upon the morbid product, or on the portions of respiratory apparatus still unaffected, is such as either to arrest the power of advancement in the false membrane, by destroying its *virus*, or by producing a thickened, consequently less susceptible, condition of the mucous lining of the tract, whereby it bestows a power of resistance against the deposit, and prevents a further spread of the *materies morbi*.

The frightful mortality which attends the treatment of diphtheria, and the horror in which its presence is held by the profession generally, actuate me in trespassing on your space, to recommend a remedy which I now believe, if properly and judiciously employed, together with tonics and a stimulating regimen, to be *the* remedy for the disease, and the only method of scientifically coping with it.

Chicago Medical Society.

Electricity in Treatment of Asthma.

Dr. Bevan reported a case of most distressing chronic asthma, in a female, 35 years of age, relieved by weak currents of electricity.

Rupture of the Spleen.

Dr. Fenn reported a case of rupture of the spleen, in a patient 23 years of age, at the County Hospital. The patient had suffered, some time previous, from fever and ague, and recently from exposure to cold. During the first week at the hospital, the chief symptom was a high fever. During the succeeding two weeks, there were distinct evidences of peritonitis, which terminated in death. At the autopsy, there was found in the abdomen a coagulum weighing seven pounds. The substance of the spleen presented the appearance of a soft jelly.

Digitalis in Treatment of Delirium Tremens.

Dr. Dunn reported a case, in which a woman, laboring under delirium tremens, died, on suddenly rising, after taking four teaspoonfuls of tinct. digitalis, at intervals of about four hours. Two teaspoonfuls had been prescribed, the other two having been administered by the carelessness of the patient's friends.

Drs. Davis and Fisher reported cases of delirium tremens, under the care of these physicians, which had terminated very suddenly, after large and repeated doses of tinct. of digitalis had been taken. (Terminated how?)

Syphilitic Paralysis.

Dr. C. G. Smith reported a case of facial paralysis, as a symptom of secondary syphilis, six weeks after the primary disease. This was entirely relieved by the use of mercury. Such cases are regarded as quite rare.—*Chicago Med. Journal.*

Propolis.

Dr. HITCHCOCK has been obliged to write the following letter to the *Chicago Medical Journal*. Had Dr. HITCHCOCK's correspondents consulted their dictionaries, they would have saved themselves and others some trouble.

"So many persons have written me inquiring about the source of propolis, and whether it is identified with bee-bread, I would thank you to state in the next issue of the *Journal* that propolis is found in old-bee hives. It is not the same as bee-bread, but is very different. It is used by the bees as a sort of glue or cement, with which they smear over any rough places in the hive; fill up any holes, and cement the comb to the sides of the hive. It can be readily distinguished, and easily collected from any old bee-hive. Its vegetable origin and source is not very definitely known, but is probably from the buds of certain trees, such as the birches, the hickory, and especially the tree known as the balm of Gilead."

Inoculability of Tubercle.

We have recently, in the REPORTER, referred on several occasions to this hypothesis of M. VILLEMIN. The arguments *per contra* deserve a place in our columns, too, and we give them as summed up by Prof. PIORRY in an address before the Academy of Medicine in Paris, and printed in *L'Evénement Médical:*

"The facts observed after the inoculation of tuberculous matter have a strong analogy to those previously reported as occurring after the injection of pus into the circulatory system of man or animals.

"The cause of this analogy would appear to be that tuberculous matter, so-called, is nothing more nor less than pus which has undergone certain transformations by being retained in various organs. Not only pus, but the serum of the blood, and non-organizable blood itself, deposited in cavities, connective tissue, or pulmonary cells, become foreign bodies, develope grey granulations, and provoke purulent secretions, capable of assuming a tuberculous or phymic form.

"If the experiment of M. VILLEMIN is considered an inoculation, because the phymic or granular form was reproduced in the lungs, membranes, and bronchial surfaces, then the analogous phenomena observed after the injection of pus into the veins must also be called the results of inoculation.

"These experiments have nothing to do with the reproduction of a miasm or a virus in the system; but rather with the penetration and deposition of pus throughout the system. This pus becomes altered, modified, degenerated, provokes by its presence a secretion, and the supervention of disease, either acute or chronic, especially the tuberculous form.

"It is of the first importance to recognize the distinction between the inoculation of a virus or miasm, and the penetration of pus in the system.

"To admit an identity between these expressions is to completely subvert the meaning of the words *inoculation* and *contagion*, as ordinarily employed.

"Nothing is more logical and more certain than the possibility of destroying a virus in the system by the introduction of a virulent agent; nothing can be more absurd or more dangerous than to introduce into the healthy body, pus or tuberculous matter, with the hope of hindering the man so treated from experiencing those very organic changes which are the usual and natural results of this procedure."

—— It is affirmed that Natal leeches possess the advantage of leaving no scars, and are therefore preferable for use when local blood-letting is needed in exposed situations.

Reviews and Book Notices.

NOTES ON BOOKS.

The medical literature of France has recently been enriched by the addition of Dr. CRIMOTEL'S "Hygiene, Physique et Morale," which illustrates the duty of the physician to minister to a mind as well as a body diseased; Dr. DRUHEW'S "Du Tabac," considering the influence of the blessed weed on the physical, intellectual, and moral condition of its votaries, and laying down a "smoker's hygiene," whatever that may be; and a physiologieal study of Dr. J. P. LUCQUET, "On a Special Circulation of Blood in the Kidneys of Vertebrate Mammals, and of the Urinary Secretion it Causes."

Among the medical works announced in London are: Prof. OWEN'S "Comparative Anatomy and Physiology of the Vertebrate Animals, the third and concluding volume; Sir WILLIAM FERGUSSON'S "Lectures on the Progress of Anatomy and Surgery during the Present Century;" vol. 2d of Dr. RUSSELL REYNOLDS' "System of Medicine;" Dr. GRAILY HEWITT'S "Diagnosis, Pathology, and Treatment of the Diseases of Women;" and Dr. HOLMES on "The Surgical Diseases of Infancy and Childhood."

Chronic Diseases of the Larynx; with Special Reference to Laryngoscopic Diagnosis and Local Therapeutics. By Dr. Adelbert Tobold. Translated from the German, and edited by George M. Beard, A. M., M. D. With an Introduction on the History and Art of Laryngoscopy and Rhinoscopy, Rhinitis, Inhalations, and Electrization applied to Diseases of the Air-Passages; and an Appendix by the Editor. Illustrated by forty-four engravings on wood. New York: Wm. Wood & Co., 61 Walker street. One vol., 8vo., cloth, pp. 279. For sale by J. B. Lippincott & Co., Philadelphia.

What the scope and subject of this work is, is so fully set forth in the title—which might pass, indeed, for a table of contents, instead of a title merely—that we need hardly say that it is chiefly occupied with the application of the laryngoscopic mirror to the throat, and the results and indications thence derived. It embraces a large number of observations, and contains much information and numerous useful suggestions, both in the way of therapeutics and diagnosis.

We are glad to be able to say this much, for when we come to the literary merits of the volume, we cannot speak so favorably. We are obliged to say that it is crude and singularly ill-digested. There are a long introduction, a supplement, and an appendix, by the editor, and numerous observations by him sandwiched into the text in brackets. The original work, poorly suited, at the best, for an American public, is cut up and served in fragments, rendering unavoidable both obscurities and repetitions. It is uncommonly tedious reading, though, no doubt, it repays the labor.

The author, in places, is prejudicial to a degree that becomes injustice, as in his curt remarks on the laryngeal brush, and on inhalation and topical applications.

The type is clear, and the illustrations of fair average excellence.

Diseases of the Heart; Their Diagnosis and Treatment. By David Wooster, M. D., etc. San Francisco: H. H. Bancroft & Co., 1867. One vol., 12mo., cloth, pp. 213. For sale by the firm at 113 William street, New York.

This little book, which comes to us from the Pacific slope, is a meritorious epitome of the diagnosis and treatment of cardiac disease, very convenient for those who would acquaint themselves with the subject without wading through the ponderous treatises and minute distinctions which so abound, and so direfully confuse the learner's mind. There is nothing original in Dr. Wooster's work; there is nothing novel in its arrangement, nor in the facts he states; nor does he pretend that there is. He rather aims at bringing all that is positively known on the subject into a small compass, and make his volume as valuable through what he omits, as what he inserts. This he has done, and no doubt his unpretending labor will meet with a just recognition.

Dr. Wooster adverts, in his preface, to the "alarming frequency of heart disease in California," and attributes it to the "endless unrest" of the population. The fact is curious, but not unexpected. Some statistics on the topic would be well worth preserving, and we hope that his wide experience in Californian life will enable the author to give us more accurate knowledge on this point than he does in the present volume.

Proceedings of the American Pharmaceutical Association at the Fifteenth Annual Meeting, held at New York City, September 1867. Philadelphia: 1867. 8vo., paper, pp. 458.

This volume contains a vast amount of valuable information, and may be called an Appendix to the United States Dispensatory. Besides the proceedings of the Association, it embraces a report on the progress of pharmacy, covering nearly one hundred and fifty pages, and crammed with useful excerpts from all the leading chemical and pharmaceutical journals of the day, both at home and abroad; a report on the drug market of the United States, illustrative of the rapid changes that are taking place in the use of drugs; and a large number of special and volunteer reports and essays on many points of great interest to physicians, as well as druggists.

We believe the work can be obtained by application to Mr. John M. Maisch, 1607 Ridge Avenue, Philadelphia.

The Struggle for Life.

Certain native animals of New Zealand seem to give way before those from Europe, with which they are brought in contact. The Norway rat has completely exterminated the native rat of New Zealand. The English house-fly drives out the blue-bottled native. Captain Cook carried pigs to New Zealand and they have increased so rapidly, that landlords now offer rewards for killing them. English weeds monopolize the soil. European clover exterminates the native flax-plant, and European annuals destroy the New Zealand perennials. These facts tend to prove that organisms of the northern latitudes are more hardy than those nearer the Equator.

—— The extinction of the cattle plague in Hesse and Thuringia is ascribed to the use of *cuprum chloratum*, according to the suggestions of Dr. Clemens.

Medical and Surgical Reporter.

PHILADELPHIA, JANUARY 11, 1868.

S. W. BUTLER, M.D., & D. G. BRINTON, M.D., *Editors.*

ADVANCE PAYMENT!

We would remind subscribers that henceforth we must insist on ADVANCE PAYMENT. Consequently, we shall very soon cease sending the REPORTER to those who do not indicate their desire to continue taking it by communicating with us. We have now many thousand dollars due us on old subscriptions, and for the past several months, have wasted much time and money in trying to settle up these accounts. We must avoid this in the future, and the *only* way to do it is to conduct the REPORTER on the cash principle, just as our great successful daily papers and literary magazines are conducted. We will then know just where we are, and not be at the weekly expense of printing and sending out copies for which we have to pay, though we may never receive anything for them. For some time past we have been shortening our credits; now we propose to cut them off.

We anticipate only good results from this determination, and feel sure that all our subscribers will see that the advantage of such an arrangement will be mutual.

ON THERAPEUTICS.

A weekly medical journal, *L'Evénement Médicale*, was started last summer in Paris under the supervision of Professor PIORRY, whose name is well known in Parisian medical circles as a distinguished clinical teacher, long the rival of M. TROUSSEAU. Though less brilliant and less successful, M. PIORRY is undoubtedly possessed of great attainments in medicine, and shines particularly on the minute accuracy of his diagnosis. His paper has been sent largely to American medical journals, and we presume that the majority of those published exchange with it.

In the number for the fourteenth of December, M. PIORRY inserts a short article over his own signature, entitled "Reflections on Medical Journals in General," which, based as his remarks are, more especially on American medical journals, we shall translate.

"I have been reading a number of foreign medical journals whose names I shall take care not to mention. I have observed with grief the prevalent neglect of a positive system of medication founded on examination and a severe anatomical diagnosis, and how a mania for new remedies and for formulæ, complex and often incompatible in character, replace those serious studies which should ever guide the theory and practice of medicine. Nearly always it is deemed sufficient to name the disease without describing the idiosyncrasy of the patient the least in the world.

"Far from seeking to determine the action of a given drug, and to ascertain its real worth by a series of experiments, writers content themselves with saying that they have employed such and such an opiate, such a mixture, such a potion, the ingredients of which are often quite incompatible, and destroy each other when administered.

"French and German writers are quoted, merely by name, and on the faith of their names only, remedies are tried, not sanctioned by sound experience. How many writers in our land have wronged the art of healing, which ought to be based on anatomy, physiology, a severe diagnosis, and judicious experiments, by their fantastic love of novel remedies!

"In foreign countries their vagaries have found disciples, and many are led to do what so many in France are now doing—to prescribe without reflection or sufficient cause, uncertain remedies against ill-studied diseases!"

So speaks the French professor, and his words are wise, though we are of the opinion that he might readily have formed this opinion if he had never read any but the medical journals of France. But, as he himself intimates, one country as much as another abounds in examples of those who prescribe either rashly or by routine, for diseases which require close, prolonged, and individual study in order to ascertain the precise weapon in the armory of medicine most efficient to turn aside their lethal attacks.

We have long looked for the VESALIUS of therapeutics to arise, he who could use intelligently the vast field of modern hospital practice to study the effect of drugs upon disease in that wide sense which BICHAT had proposed to himself and had commenced, when he was carried off by a premature death. The field is vast and the harvest is ripe, the laborer alone is wanting.

Notes and Comments.

M. Flourens.

This distinguished physiologist, perpetual Secretary of the Academy of Sciences, a member of the French Academy, peer of France, grand officer of the Legion of Honor, author of beautifully written works on the growth of bones, on the history of the circulation of the blood, and on human longevity, recently died at Paris at the age of 73 years. In his last mentioned work he maintains that the natural age of man is 150 or 200 years, and that at threescore and ten, he ought to be in the most vigorous enjoyment of his physical and mental powers.

Death of Prof. Judkins.

Jesse Judkins, M. D., Prof. of Anatomy and Surgical Pathology in the Miami Medical College, Cincinnati, died, after a lingering illness, in that city, a few days since. He had acquired high distinction in the professional chair,—had acquired a large practice, and the personal respect and esteem of all who knew him. We suppose him to have been about fifty years of age. By his decease the medical profession have suffered a loss which cannot easily be repaired.

Legislation Against Marriages of Consanguinity.

Gov. Magoffin has asked leave to introduce in the Kentucky Legislature a bill to prohibit the marriage of first cousins. Gov. Magoffin presented this subject to the consideration of the Legislature in his first message, when in the Executive chair. Last winter a bill of this character passed the Senate. A large portion of the deaf mutes, and of the blind children of the State—a still larger number of the feeble-minded, and a fraction of the insane—are the children of parents bearing this near kindred relation of blood—only one remove from brother and sister. This fact was emphatically asserted by the ex-officio Commissioners of the Feeble-Minded Institution at Frankfort last winter, in a report made to the Senate of Kentucky.

Australian Fee Bill.

The fee bill adopted by the Southern Medical Association in Australia divides patients into three classes, the first including professional men, merchants, gentlemen, etc.; the second, tradesmen, small farmers, drivers, etc.; the third, servants and laborers. For an office consultation or a visit to one of the first class the charge is £1, 1s.; to the seond class from 5 to 10 shillings; to the third, 5 shillings. After eight o'clock in the evening the rates are doubled. Every consultation is £1 1s, cash.

Tracheotomy in Infants.

It is well known that this operation was advised, when imperatively called for, in infants but a few months old, by the late Professor Trousseau. It would appear, from a paper lately read by M. Dumontpallier, before the Medical Society of the Paris Hospitals, that many lives have been saved by adhering to this rule. Messrs. Roger, Vigla, Bouvier, and several others, have published successful cases of the kind, and it will be well to remember them when attempts in the same direction are made in this country.

One More Congress.

Veterinary surgeons have also had their international Congress. It was held at Zurich; attention being especially directed to the cattle plague. The members were of opinion that the more recent experiments have only verified the former; that incubation should still be fixed at *ten days;* and that the most efficacious means of contending with the complaint was to destroy all the cattle suspected of harboring the disease, and to burn every article with which they had come in contact. Wishes were expressed that no one should be permitted to practise the veterinary art but those holding a regular diploma.

Women Practitioners in England.

It seems that the Apothecaries' Hall of London has withdrawn from women the privilege of examination for their diploma. We see or hear of no reasons given for this course. The London *Spectator* denounces the course of the Faculty in unmeasured terms.

—— The late Wm. Powell Mason of Boston, left the following public bequests:—$10,000 to the Massachusetts General Hospital, as a permanent fund, the annual interest thereof to be expended in the maintenance of free beds, and $20,000 to the Massachusetts Institute of Technology, as a permanent fund, the interest on which is to be devoted to the support of a professorship in the institution, to be hereafter designated by the son of the deceased and Professor William B. Rogers.

—— Some robbers who tried to seize and rob Dr. Benjamin T. Church, of Boston, on Beacon street, the other night, had a hard time of it. The doctor rolled down an embankment on top of one, and shot and wounded another, and finally got away safe.

Correspondence.

FOREIGN.

LETTER FROM PARIS.

(Continued from page 19.)

PARIS, Dec. 4th, 1867.

Extirpation of the Spleen.

EDITORS MEDICAL AND SURGICAL REPORTER:

Apropos of abdominal tumors comes the account recently submitted to the academies of medicine and of science, of an extraordinary operation practised for the extirpation of the spleen, attended with perfect success. The patient, a girl of robust but lymphatic constitution, had presented a tumor in the hypogastric region, which had developed from below upward, and been accompanied by excruciating pain. The principal seat of the pain was in the right iliac fossa. Dr. PÉAN was first consulted, two years after the appearance of the first symptoms. At that time general debility was extreme; and there existed advanced anemia, dyspepsia and dysmenorrhæa, and finally a certain embarrassment of the respiration.

The patient was subject to feverish attacks, and much tormented by diffused neuralgic pains.

The abdomen was enlarged, only to a slight degree in the hypochondrial and lumbar regions, but very prominent in the hypogastrium. The prominence presented an uneven surface, and by its position, form and extent, was extremely analagous to that of a gravid uterus at eight months. The abdominal circumference measured one metre, ten centimes. Fluctuation was very apparent on the median line and the right side, but in some places consistence was more firm, and resembled that of fibrous tumors. On percussion, absolute dulness in the entire extent of the tumefaction, *sonority, distinct entirely around* the circumference, at the epigastrium, the hypogastrium, and especially the lumbar region. The tumor seemed to be frankly circumscribed in all its periphery, and completely immobile.

The hymen was intact. The uterus normal, but seemed buried in the tumor, which retained it immobile, and pressed forward against the vagina. The inferior portion of the tumor was the most solid, and this fact served especially to confirm the diagnosis that seemed indicated by the other circumstances of a cyst seated in the left ovary.

An operation was decided upon, and carried out, the 6th of September. An incision was made on the median line from the umbilicus to the pubis. The abdominal parietes were divided in successive layers; four ligatures placed around the vessels which had been intersected; the peritoneum incised on the grooved sound, and the incision gave exit to no liquid.

Upon separating the edges of the incision, the anterior face of the tumor was discovered, pressed against the abdominal wall, and entirely covered by adherent omentum. The tumor was punctured, and three quarts of thick, viscous, yellowish brown liquid flowed from the orifice.

It then became posible to tear the adherences of the omentum, but the surgeon was unable to discover any pedicle, or any connection of the tumor with the pelvic organs. Equally impossible to trace the cyst to the mesentery or renal parenchyma.

The incision was enlarged to four finger's breadth above the umbilicus. The cyst could then be drawn to the superior angle of the opening, and then its color and texture, its points of implantation, its upper boundary, formed by the diaphragm, all proved that the spleen was the seat of the tumor.

In view of this unexpected discovery, many surgeons would have hastened to close up the wound, leaving only an opening whence the contents of the punctured cyst might drain off. But the extent of the incision, and the impossibility of avoiding the risk of peritoneal effusion, deprived such a proceeding of much chance of success. M. PÉAN resolved to extirpate, not merely the cyst, but the entire spleen, since he could not hope to secure by a clamp the spongy tissue that would remain after cutting away a portion of the organ.

The different branches of the splenic artery were successively tied, in a manner to isolate the lower portion of the spleen, on which was implanted the cyst; the veins were also tied as near as possible to their opening into the splenic vein, and then the inferior half of the tumor was resected without the occurrence of any hemorrhage.

The superior portion, constituting the third of the total mass of the hypertrophied spleen, was then accessible; and in detaching some adhesions to the intestine and omentum, only a few small vessels were torn, whose hemorrhage was easily arrested by compression.

Four metallic ligatures were placed on the gastro-splenic omentum, as near as possible to the spleen, in the short space which separates it from the tail of the pancreas and large tuberosity of the stomach. For further precaution against hemorrhage, the extirpation was effected

by cauterization of successive portions of the splenic mass, after they had been grasped by a clamp. These successive cauterizations with the hot iron reached the most elevated portions of the parenchyma, situated below the ligatures, and destroyed all vestige of the tissue of the spleen.

The four metallic ligatures were then cut, and left in the cavity of the abdomen.

The patient did not lose one hundred grammes of blood by the operation, and during the evacuation of the cyst, no liquid was effused into the peritoneum. The cavity was, however, carefully sponged, and the wound then closed by nine metallic ligatures, placed some distance from the lips of the incision, and intersecting the peritoneum, and five twisted sutures on the point left open between the ligatures.

The operation had lasted two hours. *No fever* succeeded this formidable exploit of surgery. During the second day some vomiting occurred, which ceased on the third. The pulse was eighty the first, and ninety the second day. On the third, the edges of the wound were perfectly joined, and the twisted sutures were removed. On the fifth day the metallic ligatures were replaced by a dry collodion suture. At this moment the condition of the patient was as satisfying as before the operation. On the eighth day, the patient could leave her bed for a sofa, and the cicatrization of the wound was solid and complete in its entire extent. At this date the menstrual flow appeared in great abundance, anticipating its regular date. M. Péan has remarked this circumstance after ovariotomy, and considers it a most favorable sign. During the third and fourth week, the patient was affected with violent neuralgia of the orbit, which terminated in epistaxis, and also neuralgia in the stomach, immediately cured by sulphate of quinine; finally, the sixth week, an adhesive phlebitis of the internal saphenic vein, also mastered without difficulty.

These slight accidents did not seriously interfere with the establishment of convalescence, and now, two months and a half after the operation, the patient is in perfect health, without even the anemic souffle in the carotids, which is almost constant among the young girls of Paris.

The mass of tumor containing the cyst, and removed by the first section, weighed 1,140 grammes. In its structure, examined by the microscope, were discovered—1st, a great number of unaltered blood globules; 2d, a quantity of hypertrophied Malphigian corpuscules; 3d, in places where the substance had been thinned, these elements were observed to disappear, and give place to a net-work of fibrous tissue, which in some places constituted alone the walls of the cyst.

The liquid hardly differed from that contained in the ovarian cysts. I have devoted so much space to the details of this remarkable operation, that none is left for Dr. Péan's reflections on the difficulty of the diagnosis, and the necessity for forming a prompt decision in view of the extraordinary circumstances discovered in the course of the operation. Finally, on the physiological arguments that should be drawn from the persistence of health and life without a spleen. This latter point, however, requires more time for its elucidation, since we might infer from the generally admitted theories, that two or three years would be required before the absence of this vascular gland should occasion deterioration of the system.

To Protect Wounds from the Action of Air.

M. Guérin, and M. Maisonneuve, have each submitted to the Academy of Sciences an instrument for the protection of wounds from the action of air. The object proposed by M. Guerin is to reduce exposed wounds, to the condition of subcutaneous wounds so as to obtain union by first intention. The apparatus consists in a hemispheric glass balloon, with three tubulated orifices. One of these communicates with a manometer, which indicates the degree of vacuum established in the globe. The second communicates with the patient; the third with a central reservoir of vacuum, to which all the individual apparatus in a ward may be attached.

The manometer consists of a barometric tube, and a glass globe communicating with it, and both contain mercury. The globe is plunged in the hemisphere before-mentioned. When the air is exhausted from the hemisphere, the mercury falls in the tube and the globe. By means of this apparatus the wound is in contact with a vacuum instead of air, and at the same time aspiration is continually exerted on the fluids exuding on its surface.

M. Maisonneuve's apparatus is more especially designed to meet this latter indication. An india rubber cap, furnished with a tube, is placed over a wound, (especially a stump after amputation). The tube is in communication with a flask, that, by means of another tube, is connected with an air pump. This exhausts at once the flask and the cap, and the latter collapses, and, pressed by the air against the surface of the wound, affords it the most complete protection. At the same time the fluids are incessantly drawn off into the flask. M. A.

DOMESTIC.

The Bandage in Labor.

EDITORS MEDICAL AND SURGICAL REPORTER:

In your last issue of the REPORTER I find a critique under the caption of "The Bandage in Labor," by "Prudence," his text being an extract from the report of the Montgomery County Medical Society, and which in the report is credited to myself. The critic refers to the author of the invidious paragraph as a gentleman suave in manner and urbane in deportment, and at the same time expresses his surprise that an individual thus constituted should so far have forgotten himself as to indulge in "vulgar vituperation." Be it vulgar or otherwise, the legitimate inquiry for men who desire to elevate the standard of the profession, and, in doing so, respect themselves, is the truth or otherwise of the declaration referred to. I contend for its truth, and stand by a positive experience and the laws designated for the support of what I claim. "Prudence" seems to be actuated by a most tender regard for the younger members of the profession, lest they should be tempted by the fascination of the "innovation," to turn aside, thus ignoring the traditions of the elders—teachings that have enjoyed a steady acquiescence since the dawning of civilization, when woman yielded her instincts and the law to the meddling of the doctor. For myself, I will not hurt these young and vigorous intellects, nothing doubting, but they will reach the solution through the law involved.

"Prudence" asks why is it that surgeons bandage their patients after tapping for abdominal dropsy, (I do not, and know that it is not necessary,) or bandage a strained muscle or sprained joint. He answers, for the same reason that we bandage the relaxed and strained muscles of puerperal women. This mighty man of knowledge, with "head replete with thoughts of other men," can perceive no difference between muscles wrenched and turned from their legitimate role in the economy, and muscles fitted and endowed by the Creator to meet an imperative and unavoidable demand. Common sense revolts at such a parallel, and the mind so befogged as to be unconscious of its irrelevance, must be in a state of deplorable and incorrigible obliquity. If nature has produced or set in relief two points in her creative effort more salient than all others, it is in the beneficence and wisdom displayed in the continuance and propagation of the races and the support of the individual. She has not left under normal conditions the mother in peril, or dependent upon the caprice of another's will, for the safety of herself and child, but, yielding to her organic and maternal instincts, she rests from her labors, and every needful want she is endowed to meet.

"Prudence" further says that every physician of experience will tell you that he has arrested syncope by tightening the bandage. This is not my experience. I have attended several thousand puerperal women, and did not lose one in a thousand by flooding or hemorrhage, and never tightened a bandage to avert syncope. Syncope in puerperal women, is, ninety-nine times in the hundred, the result of depletion through flooding, and it never would have occurred to me, from a knowledge of physical law or organic necessities, in view of the cause, to meet the exigency in this way.

"Prudence" mourns over the low position of the medical standards, and believes it is owing to the penchant, too common, for accepting "innovations." In this I think he greatly errs; it is rather that they may make a show of knowledge, or a familiarity with "thoughts of other men," thus ignoring the patent fact which *wisdom* dictates, that an enduring reputation can only result from accepting that which is demonstrably true, and rejecting that which is as demonstrably false.

The censuring critic may, in the fulness of his complacency, imperiously ask, What is truth?—an interrogatory propounded by a distinguished official two thousand years ago to "Truth itself, yet deigned him no reply." The pope may thunder and menace through his allocutions, and declare a fast prolonged and exhausting. Churches, in aggregated convention, may fulminate their decrees. "Weighty friends," rising from the stimulus of an inspiration which comes of earnest and active waiting, may, as by authority, define the whole duty of man. Statesmen compromise with wrong, proclaim a "finality," and command obedience. "The great majority of obstetricians throughout the United States, and in our large cities, and the professors of our medical institutions," may stereotype their practices and teachings as dogmas, yet if under the touchstone of primordial, imperative, and living law, error be found, these boasted superstructures must tumble and fall, leaving only in their wake the dust and debris of unauthorized and baseless dicta. These eliminate, and are the only tests of truth.

"Prudence," I conclude, is but a type in criticism, of negative individuality, but of intense approbativeness. He is doubtless ambitious to

secure a position on the staff of the "*Nation*," but while he continues to live, and move, and have his being, in the shadow of a leader, tread in his footprints, and echo with slavish fidelity only the dicta of his master, I shall, ambitious of distinction, but as a novice, content with my achievement in having deftly pierced the caput of a "dipper," only again enter this arena of peril, in a final and desperate throw for reputation, to bleed a "canvass back."

Wm. Corson, M. D.

Norristown, Pa., Dec. 29, 1867.

Symptomatic Tetanus.

Editors Med. and Surg. Reporter:

I submit the following, in reference to "symptomatic tetanus" and although the case terminated fatally, yet the importance of treatment is not thereby diminished. I was called May 25th, 1867, to Mrs. G., aged 46 years. She was the mother of a large family, in humble circumstances, and in poor health from exposure and hard labor as a washerwoman at the time.

Hastening to her residence, I found her lying on the floor complaining bitterly of pain. By questioning her and family, and making the necessary examination, I gleaned the following history.

Whilst Mrs. G. was engaged in washing, she accidentally stepped backward and fell down stairs, causing a compound and oblique fracture of the lower third of left leg. The wound was at once dressed, the fractured part adjusted, and extension and counter-extension splints applied; all of which she seemed to endure with becoming fortitude; but while making the extension and counter-extension by the use of splints, for that purpose, syncope ensued, and soon after restitution, severe convulsions occurred, for which the following medicine was administered.

R.	Asafœtidæ,	gr. vi.
	Ex. belladonnæ,	
	Ex. hyosciami,	
	Ex. valerianæ,	
	Capsici,	āā gr. ss.

Fiat pillulæ, vi.

This medicine was repeated every twenty minutes, one pellet at a time alternately, with bromide potassium, grains twenty. At the expiration of one hour, this medicine was discontinued, at which time she appeared quiet and comparatively easy, and continued so through the day.

May 26th, 8 o'clock, A. M. Rested well through the night. Bowels constipated; pulse full and frequent. Ordered comp. cathartic pills, to be followed in six hours by injection. 8, P. M. Bowels moved by injection. Pulse more regular. Ordered Dover's powder.

May 27th, 11 A. M. Rested well through the night; pulse nearly regular; bowels regular; complained of some pain in fractured limb; had a good appetite; dressed the wound, which looked rather indolent. Ordered as diet, concentrated essence of beef and brandy.

May 28th. Appeared much improved in every respect. Ordered stimulants to be partially withdrawn, and a preparation of iron and bark used instead.

The patient continued to improve rapidly, with unimportant changes until the eighth day, when the external wound was nearly healed, but erysipelatous inflammation ensued at about this time, involving much of the superficial structure of adjacent parts. This, however, was soon controlled, and every symptom looked favorable thereafter for an early, speedy and permanent recovery, up to the 8th of June, 3 o'clock P. M., when she summoned me to her bedside, stating that she had no pain particularly, but felt strangely, and could hardly describe her feelings herself. I soon found that there was slight stiffness in the back of the neck, with some pain when she attempted to open her mouth widely, and some embarrassment in swallowing.

Ordered compound cathartic pills. Applied cups to spine. At 9 P. M., appeared no better, applied blister to spine. Ordered aforesaid anodyne pills, two every hour.

June 9th, 6 o'clock, A. M. Bowels moved by injection. Symptoms appear much aggravated. She informs me that her menstruation commenced on the night of 7th, and that night it was so excessively warm, that she had all the windows opened; and about morning, she felt as if she had taken cold, and her menses stopped, and had not since made its appearance. Ordered warm infusion of hops and belladonna to be used as injection per vaginam, once in fifteen minutes, with warm fomentations to abdomen. Repeated the cups to spine. 11 A. M. The paroxysms, which were at first slight, now increased in frequency and violence, and were attended with much more pain. She had a much more anxious expression. The forehead became wrinkled, the eye brows contracted. The orbicular muscles of the eyelids rigid, the eyes were staring; and the whole face was much distorted. Gave bromide potassium per enema, once in two hours in drachm doses, alternately with morphia in half grain doses. 7 P. M. Called to see patient in company with Dr. Barber, who was then in my employ.

Deglutition was much more difficult, paroxysms

more frequent and severe. The trunk assumes the forward curvature or "emprosthotonos." Gave one grain of morphia once in two hours by use of hypodermic syringe alternately with potass. per enema.

10th. 7 o'clock, A. M. Every symptom aggravated. Bowels torpid. Spasms almost incessant, throwing the body about to an alarming extent. Pulse rapid and feeble, skin moist and clammy. Yet there is no stupor nor delirium, but simply an expression of the deepest anxiety which when once seen, will never be forgotten as a characteristic symptom.

Applied two drops of croton oil to tongue through an aperature of lost tooth, which operated in one half hour. Repeated morphia, grain one, with hypodermic syringe, but with no apparent good results. I now come to the most interesting part of the treatment. Dr. BARBER and myself now determined to use chloroform, which we did at once by inhalation, bringing the patient under its partial controlling effect, and as long as she was under its influence, she was entirely free from those horrible spasms. Its effect was most marked, and she could not be without it for even a moment, without begging most pitifully for its application. And while there was no permanent good effect produced by its use; yet it smoothed the pathway with her, from time to eternity; alleviating those pains and sufferings so terrible, both to the observer and the sufferer. Thus she passed away at 7 o'clock, P. M., the third day of the tetanus, and the sixteenth day after the accident.

G. F. WITTER, M. D.

Grand Rapids, Wis., Dec. 31st, 1867.

Foreign Body in the Trachea.

EDITORS OF MEDICAL AND SURGICAL REPORTER:

In your issue of December 21st, I notice a report of the case of BRUNEL the architect upon whom the operation of trachetomy was performed by Sir B. BRODIE, for the removal of a half-sovereign from the respiratory apparatus. With the consent of the party, who at the time was most intimately concerned in the case, I give you a history of one very similar in many respects to the above, and one as full of interest, although there was no operation performed.

Mr. J. ALLISON EYSTER of this place, who was one of the first citizen prisoners, at the commencement of the late war, while in Libby Prison, was in the habit, together with his fellow-captives, of endeavoring to obliterate for the time, all recollection of home and its surroundings by performing tricks of legerdemain. After his liberation, in the fall of 1862, while receiving the congratulations of his many friends; he says, "for the amusement of some *adult children*," he attempted to appear to swallow a *new American quarter*, and remove it from his nose or ear; as in the case of BRUNEL, however, the coin passed into the throat and beyond the epiglottis. Great strangling resulted, when in company with his brother he ran to the office of the nearest physician, and not finding him at home, with a desperate effort, and much exhausted he reached the office of Dr. JAMES HAMILTON. As soon as the cause of the trouble could be announced, the Dr. placed him on his back with his head and chest as dependent as possible, hoping in this way to take advantage of the weight of the coin and thus favor its expulsion. He so far succeeded as to bring it upon the rima glottidis, but spasmodic closure following, caused Mr. E. to spring to his feet with a desperate bound, and compelled the foreign substance to fall into the wind-pipe. His suffering somewhat abated, but he was never, except whilst asleep, unconcious of pain and peril. In a very short time his health began to decline, and failing to obtain relief at home, he very imprudently placed himself in the hands of a New York charlatan, who, with the assistance of his solut. argent. nit. and syringe, was rapidly completing the work of the badly deposited coin. With his pharynx and the top of the larynx a shapeless mass of granulations, he was fortunate in securing the services of your eminent fellow citizen, W. W. GERHARD, M. D., in whose hands he was soon restored to comparative comfort and health, but was dismissed with a full conviction on the mind of the Dr. that the period for his sudden removal from earthly scenes was a question of only a short time.

In October 1863, eleven (11) months after the accident, whilst hurriedly crossing the street he was suddenly siezed with a fit of coughing, and to his inexpressible relief, the coin thickly coated on both sides with inspissated mucous, flew into his mouth. The edges were clean and bright, owing, no doubt, to constant motion and attrition. It was Mr. EYSTER'S desire to preserve it in this condition, as nearly as possible, but alas, it together with much more of vastly greater intrinsic value fell a prey to war and its barbarity in the fire that destroyed our peaceful town in 1863. The subject of this remarkable escape from strangulation is now in the enjoyment of robust health; is actively engaged in business, and has fully determined never again to assume the prerogative of SIGNOR BLITZ, or any other slight of hand performer.

Although the prominent features of this case

and that of Brunel are very parellel, it will be noticed that the length of time in which the coin occupied the air passages in this, is almost eight times as great as in that, while the dissimilarity in the size of the two coins is also very large.

J. L. Suesserott, M. D.

Chambersburg, Pa., Dec. 30th, 1867.

New York State Inebriate Asylum.

Editors of the Medical and Surgical Reporter:

I am in receipt of your favor of the 30th ultimo, asking for "a brief authentic statement" of the condition of the New York State Inebriate Asylum, and enclosing me a slip from a newspaper, reading as follows. "By last accounts of the State Inebriate Asylum at Binghamton, New York, there had been applications for admission from 39 clergymen, 8 judges, 340 merchants, 226 physicians, 240 gentlemen, and 1300 rich men's daughters." This statement has lately been travelling the rounds of the public journals, and has also been gravely published in the Christian Almanac for 1868, as the actual list of *inmates* in 1865.

I am not at all responsible for this statement. It was first promulgated by my predecessor in this institution, Dr. J. Edward Turner, in his annual report to the Legislature for 1864. He therein gives this statement as the number of applications covering the whole period of his connection with the asylum, which includes many years before it was opened in 1864, for the reception of patients. Six years elapsed from the period (September 1858,) at which time the corner stone of the asylum was laid, before a single patient was received. During all this time, and for some years previous, Dr. Turner was collecting subscriptions for the institution, and this list of applicants was probably received in the course of ten years if received at all. The aggregate is very large, and out of all proportion with the actual number of patients who were received into the institution by Dr. Turner, and therefore calculated to produce the most exaggerated effect upon the public mind.

I am very distinctly and precisely informed, by a number of gentlemen who were patients in this asylum under Dr. Turner, *and who are now with me*, that the *whole number* of "inebriates" treated by him in the whole course of his regime, which lasted from June 1864, to October 1st 1866, about two years and four months, did not exceed seventy five to eighty patients. *Not one female patient was ever received.* Of this entire number *only thirty-five* were at any one time under treatment, and from this the number so diminished that during part of the summer of 1866, only *nine* remained. Owing to difficulties with Dr. Turner, growing out of his management of the institution, it was closed on the 1st of October, 1866, and the patients, *then twelve in number* dismissed.

My own administration began on the 1st of May, 1867. During the past eight months eighty patients have been received. Forty-four have been discharged, and thirty-six now remain. Among the applications which I have had, there have been only *two or three* for females, who are not received. The present capacity of the building will accommodate about eighty patients, but will be largely increased in the course of a few months. The rate of board is usually fifteen dollars per week, but is in all cases subject to agreement, and ample provision is made for poor patients.

Albert Day, M. D.

Superintendent and Physician.

Binghamton, N. Y., Jan. 2, 1868.

News and Miscellany.

Examination of Blood-Stains.

Dr. Thomas Price, Professor of Chemistry, Toland Medical College, has the following communication in the *Pacific Medical and Surgical Journal:*

On the 28th of February last, the clothes of an Indian, who it was suspected had murdered an old woman of seventy years of age, at Martinez, Contra Costa Co., were brought to me in order that I might subject the blood-stains found on them to a chemical and microscopical examination. The evidence against the prisoner was entirely circumstantial, and created great interest during the whole trial. The Hon. J. W. Dwinelle, the presiding judge, remarked that he had never sat upon a more interesting case. The evidence, although entirely circumstantial, was overwhelming; and, as the able and indefatigable prosecuting attorney, H. Mills, remarked, "formed a complete and perfect chain without a single link missing." When the Indian was examined at first, and before being committed to jail, he accounted for the blood-stains found on his clothes by his having helped a lady to kill a turkey a few days before. This statement rendered my examination a very easy one. Had he contended that he had been assisting to slaughter some of the domestic mammalia, the science of chemistry and microscopy would have failed in adding a link to the chain of evidence against him, especially as the stains were some thirty

days old when the clothes were handed over to me.

The following is a description of the method I adopted in my examinations, *to prove that the stains were really blood:*

1st. By chemical tests. Portions of the smeared clothes were digested in water, alkaline salts, and glycerine, which yielded me, after several hours' soaking, a solution having the characteristic red color of blood, which suffered no change on addition of ammonia, and coagulated on boiling and on addition of nitric acid. These chemical tests were only used to establish the fact that the stains were or were not due to blood. So far we are not able to find any distinct difference between the blood of man and that of any other animal by chemical tests; yet it was contended at one time by specialists in this department that they could discover, by the smell of the blood, to what animal it belonged—and possibly one may so educate his nose as to be able to form an opinion—and probably the blood of a goat may be pronounced upon with certainty by the odor; but it is my experience that it is better not to rely upon the odor.

2d. By microscopical examination. The red-colored liquid obtained above, presented under the microscope the well known blood-globules in the form of circular flattened discs. This fact, connected with the chemical tests, proved that the spots were due to blood, and more than that, the form of the corpuscles showed conclusively that it was the blood of a *mammalia.* The micrometer was now attached to the microscope, and the corpuscles measured, with the following result: size, from 1-2000th of an inch to 1-4000th of an inch; average, 1-3200th of an inch: from which result it was possible that the blood could be human blood, as these measurements are the same as those given by eminent microscopists as the size of man's blood. And they agreed very nearly with measurements of the globules of my own blood, that of my assistants, and others; but from the fact that the stains were old, I could not state positively that the blood I found on the clothes was that of a human being. I could, and did state, that it was not the blood of a turkey, and that it must be the blood of a mammalia. The size of the corpuscles corresponded with those of man. I could not swear that it was human blood, nor could I on the other hand state that it was not. Since there are no means of ascertaining that the dried globules have assumed their original size, their measurement affords no positive proof that they are from the blood of man.

At this stage of my examination, and at the request of Judge Dwinelle, I telegraphed to San Francisco for my microscope, as some of the jurors had made up their minds that it was impossible to detect any difference between the blood of the various animals, birds, fishes, and frogs. They could see no difference with their own eyes, and never having looked through a powerful microscope, they thought it purely imaginary.

The jury were shown, under the microscope, the following bloods: that of a frog, chicken, turkey, hog, calf, cow, dog, and horse, and each of them compared with blood from my own finger. The whole of the jury were much interested in these experiments, and the most skeptical of them confessed that the difference between the blood of the turkey, chicken, and frog was so great, that it was impossible to mistake one for the other. Some of them even went so far as to say that they could distinguish with their eyes, and, without the use of a micrometer, detect the difference between the blood of a hog, cow, and calf, and my blood. All of them were now entirely convinced of the value and reliability of the microscope.

The jury found the Indian guilty, and on the last day of July he suffered the extreme penalty of the law.

Post-Mortems.

There is a feeling very prevalent at the present moment, and especially amongst those who have made medico-legal questions their study, that the present system of entrusting post-mortem examinations to ordinary medical men is injudicious, and that special experts are required for the purpose. Regretting as we should do, any such infringement of the medical man's province, we cannot but urge, and not for the first time, a more devoted study of pathological anatomy.

It is said by those well-meaning persons to whom we have alluded, that the average medical practitioner is not merely unfitted to judge pathological appearances, but that he is actually incapable of performing the operation of making a post-mortem examination satisfactorily. If this indeed be the case, which we cannot believe, it behoves our teachers to be especially careful to see that students are instructed in the actual manipulative part of post-mortem examinations, no less than in the finer and more abstruse investigations to which they may lead. We would suggest that second and third year students should be called upon in turn to perform the examinations themselves, under the direction of

the pathological anatomist, instead of the duty being performed by him alone. Time might possibly thus be lost, but a few extra minutes spent in the preliminary stages would be repaid by the personal experience which the students would gain by the study of their own and their companions' errors and difficulties.—*Lancet.*

The New York State Inebriate Asylum.

At an adjourned meeting of the trustees of the New York State Inebriate Asylum, Dr. Willard Parker, President, was in the chair, and the Hon. W. T. McCoan, First Vice-President; the Hon. A. Birdsall, Second Vice-President; the Rev. Henry Ward Beecher, Gouverneur Kemble, William E. Dodge, Dr. A. C. Post, Dr. J. Linsley, Charles P. Kirkland, the Hon. Otis D. Swan, Dr. John Conkling of Port Jervis, Judge J. P. H. Tallman of Poughkeepsie, Dr. T. C. Brinsmade of Troy, the Hon. B. N. Huntington of Rome, Judge H. A. Foster of Oswego, the Hon. P. S. Danforth of Middleburgh, E. M. Frisbee of Elmira, Abel Bennet and Wm. Pope of Binghamton were present. Mr. Birdsall, Superintendent of Construction and repairing, reported that the building is nearly finished. The transept and south wing are completed, and all the rooms furnished, so that 150 patients can be accommodated. On the first of May, 1867, the Asylum was re-opened. Since that period eighty patients have been received, and forty discharged. Doctor Day, the Superintendent and Physician, said that in the management and treatment of patients most gratifying success has attended his labors, and that the Asylum affords ample facilities for the physical, mental, and moral recuperation of the inmates. The trustees manifested deep interest in the institution, and suggestions were made and measures proposed that may have an important bearing on its future welfare. Of the great necessity of such an Asylum, and its eminent success, there appeared to be no question. The charge to the patient varies according to the location and size of the room occupied.

—— The silver wedding of Dr. Israel H. Taylor, in Amherst, Mass., Dec. 27, brought together 250 guests, who made the couple $200 worth of presents.

—— Experiments made by Drs. Ringer and Rickards on the effects of alcohol on men and animals, go to show that the temperature of the body falls nearly as fast after the use of alcohol in doses sufficient to produce intoxication, as after death itself. The facility with which drunkards freeze to death, is explained by this fact. Dr. Jolly declares, that an increasing tendency toward mental disease has been generated by the increasing consumption of spirits. Official reports show, that the abuse of alcohol accounts for one-fifth of the insanity in France.

—— "L'Imparziale," of Florence, states that an American lady is attending the hospital Santa Maria Nuova of that city, and that she takes especial interest in the vivisections to be witnessed at the pathological lectures of Professor Schiff.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

Finley—Dock.—In Harrisburg Pa., on January 2d, by Rev. C. W. Schaeffer, D. D., of Germantown, S. Moore Finley, M. D., of Philadelphia, and Miss Lillie Rehrer, daughter of George Dock, M. D., of Harrisburg.

Garrott—Lee.—Dec. 18th, at the present residence of the bride's father, in Black Hawk, Colorado, by Rev. T. D. Marsh, D. D., E. Garrott, of Central City, and Miss Florence Lee, daughter of Wm. L. Lee of Chicago.

Hickman—Reynolds.—Dec. 25th, at the residence of the bride's parents, near Harlem Springs, Ohio, by Rev. John Conner, Dr. N. B. Hickman, of Columbiana co., Ohio, and Miss Mary Reynolds, of Carroll co., Ohio.

Lindley—Rynd.—Dec. 24th, 1867, at Perrysville, by the Rev. Elliot Swift, Dr. Harry Lindley and Miss Kate Rynd.

Roman—Wood.—On New Year's evening, 1868, at the residence of the bride's brother, Dr. G. B. Wood, in Lancaster co., Pa., Dr. S. T. Roman, of Cecil co., Md., and Miss Harriet M. Wood.

Wight—Dorvie.—On New Year's Eve, at the residence of the bride's father, Thomas Wight, M. D., and Agnes L., daughter of Henry Dorvie, Esq., all of Andes Village, New York.

DIED.

Crafts.—At Wolcott, Vt., Dec. 15th, 1867, Alfred Crafts, son of Dr. Alfred P. and Artie Gaylord Crafts, aged 4 years.

Francis.—At Newport, R. I., Jan. 1, Maria Eliza Francis, widow of Dr. John W. Francis, of New York, in the 74th year of her age.

Lockwood.—At Mount Vernon, N. Y., on the 29th ult., Ellen L. B., wife of Dr. Charles E. Lockwood, and daughter of the late Commodore E. R. Shubrick, United States Navy.

Rockwell.—Dec. 30, 1867, at Long Branch, N. J., Wm. Rockwell, M. D., in the 68th year of his age.

Snively.—At Waynesboro', Franklin co., Pa., Sept. 2d, 1867, Myrtle Snively, daughter of Dr. I. N. and Alice B. Snively, aged 2 years, 2 months, and 23 days.

Stevens.—In N. New Portland, Me., Dec 21, Aggie M., youngest daughter of Dr. W. H. and Elvira Stevens, aged 18 years.

Wolcott.—At Utica, N. Y., Dec. 23, Caroline, wife of Samuel G. Wolcott, M. D.

METEOROLOGY.

December,	23,	24,	25,	26,	27,	28,	29.
Wind.....	N. W.	S. W.	W.	S. W.	W.	W.	N. W.
Weather....	Clear.	Cl'dy.	Clear. Ev'g Rain.	Clear.	Cl'dy. Rain.	Cl'dy.	Clear.
Depth Rain..			2-10		1-10		
Thermometer.							
Minimum.....	32°	21°	23°	47°	33°	43°	30°
At 8, A. M.....	42	30	32	49	44	49	30
At 12, M.....	41	35	43	51	48	50	32
At 3, P. M.....	41	35	41	52	46	49	34
Mean.....	39.	30.50	34.75	48.	42 75	47.75	31.50
Barometer.							
At 12, M.....	30.5	30.3	30.3	30.2	29 9	30.1	30.5

Germantown, Pa. B. J. Leedom.

JAN 8, 1868

THE

MEDICAL AND SURGICAL REPORTER.

No. 568.] PHILADELPHIA, JAN. 18, 1868. [Vol. XVIII.—No. 3.

Original Department.

Communications.

THE CHOLERA AT THE PHILADELPHIA NAVY YARD, IN JULY 1867.

Official Report of Surgeon Lowber, U. S. N., U. S. S. "Constellation."

Philadelphia, December 26th, 1867.

On the Fourth of July, 1867, the U. S. Frigate "Potomac" arrived at the Port of Philadelphia, from Pensacola, and anchored off the Navy Yard. She had been used at Pensacola as a store-ship, and is reported as having been a perfectly healthy ship while there. On her arrival here she was still healthy, and in good order, and remained so up to the time of the sudden outbreak of cholera. Owing to the fact of her having been a long time in a hot climate, and not having been, in nautical language, "broken out," *i. e.*, not having had all her contents, stores, water-tanks, etc., taken out, limber boards removed, and thoroughly cleaned, down to the skin of the ship, for some years, it was recommended by her commanding officer, that she should be sent to a northern port, and broken out in cold weather. With this object she was sent to this port, and here made a receiving ship in place of the "Constellation." On July 11th, all hands were transferred from the "Constellation" to her. At this time the "Constellation" was, and had been a healthy ship. On the 18th of October the epidemic suddenly broke out on board the "Potomac," a clean and healthy ship, in a port at the time unusually healthy, no tendency to diarrhœa, or choleraic disease, prevailing either on board or on shore.

On October 17th, one man was sent to hospital affected with typhoid fever. No other cases of this disease had occurred. On the night of the 18th, two men were suddenly seized with cholera. The first was taken sick at 6 P. M., with all the usual symptoms of cholera; diarrhœa, rice-water discharges, vomiting and cramps, pulse imperceptible at the wrist, skin cold, and covered with a cold clammy perspiration, suppression of urine, choleraic voice and hippocratic countenance. Collapse set in, and death occurred at 5.30, A. M. After death, increased warmth of surface of the body was observed. The second was found lying on the gun-deck at 11.30 P. M., with the same symptoms, which, however, followed each other more rapidly, being in fact in collapse when first noticed and died at 5, A. M. From these first cases the disease was at once recognized as true Asiatic cholera. From this time the epidemic, as was anticipated, rapidly increased. On the 19th, three new cases occurred, and on the 20th, eight. On the 19th, the disease having been pronounced cholera, the surgeon of the ship in consultation with the surgeon of the Navy Yard, recommended to the proper authorities, and continued urgently so to do, the removal of all hands from the ship, and on the evening of the 20th, the measure was in part carried out: the well men were removed to the "Constellation" and "Florida," thus dispersing the men. The sick were, however, left on board to the great surprise of the medical officers, who immediately recommended their transfer also to another ship, to be used exclusively as a hospital ship, and on the evening of the 23d, the transfer was effected; the intervening time having been occupied in towing the "Sassacus" gun-boat from League Island, and making her ready for the reception of the sick. On the 21st, there were fourteen new cases; on the 22d, six; on the 23d, eight. On the removal of the men from the "Potomac" to the "Constellation" and "Florida," an assistant surgeon and apothecary were placed on board,

each vessel, with a proper supply of medical stores. These officers at once instituted frequent inspections of the crews for the purpose of discovering and treating premonitory diarrhœa. As soon as the transfer of sick to the "Sassacus" was completed, a hospital was organized and a staff appointed, consisting of a surgeon in charge, four surgeons as officers of the day, and four assistant surgeons, and all necessary medicines, hospital stores, ice, provisions, bed-steads, and bedding supplied, and the quarantine flag hoisted. Disinfectants, chloride of lime, persulphate of iron, and carbolic acid were freely used on board all four vessels, particularly in the close stools, which were instantly emptied after use. All bedding and clothes used by patients were burned as soon as out of use.

On October 24th, there were six new cases; on the 25th, two; on the 26th, seven; on the 27th, three; on the 29th, seven; on the 30th, one; on the 31st, two; on November 1st, one; on November 2d, two; on November 3d, none; on November 4th, one; on November 5th and 6th, none; on November 7th, one; on November 8th, none; and on November 9th, one; making a total of thirty-four cases; of these, eight were sent to the hospital ship; the others were treated on board the "Constellation and "Florida."

By October 25th, the good effect of dispersing the men was evident, as no new case of collapse occurred after that day. The last death occurred on October 31. The disease being no longer epidemic, the hospital was broken up, the quarantine flag hauled down on November 6th, and the vessel disinfected with persulphate of iron and carbolic acid. All cases of diarrhœa wanting the characteristic rice-water discharges being excluded, gives the number of cases of cholera 76; the number of deaths, 30. The number of cases not in the naval service, but exposed to epidemic influence on board the "Potomac" was three, two of which died; one of these was that of a man employed during the day in painting the ship, and not sleeping on board. This tends to show the intense malignity of the disease, or rather the extreme virulence of the poison. The whole number of officers and men on board at the time of the outbreak, was 502, a number not over the compliment of a ship of her size. The percentage of persons affected was 15.2. The percentage of deaths among those attacked, was 39.47. The average duration of fatal cases, was 37 hours, 52 minutes, the shortest 3 hours, and the longest 141 hours, and 30 minutes. From the commencement of the epidemic, chloride of lime was freely used on board the "Potomac," and on the 26th of October a more thorough disinfection was made with persulphate of iron and carbolic acid.

Shortly after the total abandonment of the "Potomac," she was towed to the quarantine grounds, when she was inspected in every part that could be reached, by a board of surgeons appointed for the purpose, and no cause for the outbreak of the disease was discovered. The ship was found clean and sweet. The tanks, however, were not removed as they were caulked. The caulking on the other hand prevented the possibility of the escape of emanations from beneath. With regard to ventilation and heating, the "Potomac" was as well supplied with air as other frigates; the hatches and ports admitting of frequent change of air, though of course the close smell of crowded humanity could be perceived at night, but not more strongly than in other ships where no epidemic has occurred. The ship was warmed by steam, and as the weather, during the epidemic, was uncommonly warm, the temperature, at times, was perhaps too high for comfort, but as other ships are heated in the same way, where no epidemic has occurred, it is not fair to attribute the sickness to the heat; although it might have increased the number of persons affected, just as the crowding of the men might be supposed to do, where the poison was once introduced, and yet we might not say that under ordinary circumstances, the disease was produced by over-crowding. Here I may remark, that I have observed the beneficial effects of the steam pipes in vessels, in the diminution of the number of cases of pneumonia occurring on board during winter in this climate.

It is remarkable that nearly all the men attacked were recruits, and young men; but three sea-

men were taken down; and but one of the original crew of the vessel died. This is supposed to be owing to the greater cleanliness of old men-of-war's-men, and their being more accustomed to the navy ration. The epidemic of cholera is by some attributed to the smell from a bone boiling establishment in the neighborhood, and the epidemic of cholera on board the "Chattanooga" at this port in July 1866, was attributed by some to the same cause; but though an intolerable nuisance, this cannot be the case, as at the very time when the crew of the "Chattanooga" were suffering from cholera, the receiving ship "Constellation" was lying two or three cable's lengths from her, and there was not a case on board, nor was there any on shore in the vicinity. The water generally used for drinking purposes on board was from the Schuylkill water works, though at times the scuttle-butt was filled from the Delaware river; but from inquiry of the men, it appears to have been used so seldom, and in so small quantities, that an outbreak of cholera could not be accounted for in this way, and I am told that the Delaware water is frequently used for drinking by the crews of merchant vessels while lying in this port, from preference, and they have not suffered from cholera. A dearth of salt in the food was said to have existed, owing to the frequent serving out of fresh meat, the men generally, in the navy, depending for their supply of salt, upon the brine in which the beef and pork are packed.

The symptoms noticed were those of genuine Asiatic cholera. The preliminary diarrhœa existed in most cases, though at first it was not discovered, through careless indifference on the part of some of the men, and a dread on the part of others, of falling into the hands of the doctor. After the system of frequent and close examination of the character and frequency of the stools of those going to "the head" was put into practice, nearly all subsequently attacked were found to have preliminary diarrhœa. In the beginning, the disease was most malignant, as usual, and nearly all died. The collapse sometimes being the first sign of the disease. In several cases the first indication of the disease was the peculiar voice and expression of face, the patient not being aware of it, but insisting that he was perfectly well. In some, collapse occurred during a merry chat with a messmate. In some cases the first and only symptom was a severe pain in one or both thighs without cramps; in others, deafness in one or both ears, or headache and dizziness; in others, a feeling of sudden exhaustion causing a fall upon deck. These are the only peculiarities, if they are peculiarities, in the course of the disease. The usual symptoms of true cholera are so well known that it is not necessary to mention them all. The rice-water discharges in some were copious, in others small, or quite wanting; cramps were not always present. Suppression of urine, the peculiar voice and expression of face were universal. No case of collapse recovered; a tendency to recover in some was observed, but relapse soon followed. Vomiting almost always happened at some period of the attack, though some escaped with little or none. The ejecta were of the usual rice-water colorless appearance with flocculi. The cases which recovered, progressed slowly toward convalescence. In some cases reaction was followed by hebetude and coma, with a typhoid condition; none of these recovered. The expired air in many cases, was tested for ammonia with chlorohydric acid, but not a trace of ammonia was found. The preliminary diarrhœa was treated by astringents and opiates, with chloroform, horizontal position, dry warmth and light diet. Cramps by hypodermic injection of solution of morphia and solution of hyposulphite of soda, also friction, sinapism and dry heat; vomiting by the same injections, and chloroform internally, and in some cases, dry calomel with morphia was placed on the tongue. Collapse was treated by chloroform and various stimulants internally; externally, frictions, sinapisms, dry heat from bottles filled with hot water, bags of hot sand and hot holy-stones, and the hot bath. In some cases, suppositories of large doses of morphia were introduced into the rectum. Drinking cold water was interdicted, but small pieces of ice were allowed, with a view to obviating the extreme thirst. During convalescence, quinine and iron was administered, with a regular allowance of

brandy and ice, dry heat continuously applied, the horizontal position maintained as much as possible.

And now as to the efficacy of any particular treatment. Cholera is fatal or not, according to the quantity or virulence of the poison taken in. If the poisoning is thorough, the patient must die. In the commencement of an epidemic of cholera, the first cases always die, the blow is too strong for the system to bear; gradually the cases become milder and some recover; when this takes place, the particular treatment in use at the time gets the credit. In the first cases death can be predicted to a certainty by any one of good natural powers of observation, in the face, without further examination. In these cases, treatment is of no avail, except with a view to decrease the suffering of the patient and obtain a euthanasia. This, chloroform, opiates, frictions, hypodermic injections and suppositories will do; but in the cases I am speaking of, no treatment appears to prevent the fatal termination.

A second class of cases are those which are, for some time doubtful, and then turn towards recovery or death. In these cases I have heard medical men say, "treatment and good nursing with dry heat will turn the scale." But who can decide?

Another class of cases are those which recover, having been poisoned to an extent not sufficient to kill. These would recover under ordinary favorable circumstances. The only measure really of any avail, was the one adopted, namely, the abandonment of the infected ship, and the dispersion of the crowd of human beings, with thorough disinfection. This, in my opinion, arrested the epidemic speedily, and without it medical treatment would be of no avail. If asked what treatment I would adopt in an epidemic of cholera on board ship, I would say, scatter the men, stop recruiting and discharge all well men from the service who desired it; this done, use disinfectants of persulphate of iron and carbolic acid, destroy all clothes and bedding used, empty close stools instantly after use, and disinfect them with carbolic acid. Treat the preliminary diarrhœa with astringents and opiates with chloroform. Cramps and vomiting, with hypodermic injections of morphia, strong stimulants internally, brandy and ice. Frictions and dry heat externally; give regular doses of calomel in small quantities with morphia, every half-hour or so, throughout the disease, and use constantly suppositories of morphia renewed as often as they come away. It is a question whether cold water should be taken in any quantity; the extreme thirst would seem to indicate it, also the loss of serum of the blood; nor does it follow that because the patient vomits after it, that some is not retained and absorbed into the blood-vessels. I have been too cautious to try this, and therefore have not sufficient experience to risk an opinion. The hot bath I consider highly prejudicial on account of the exposure to cool air and the exhaustion produced. In convalescence, tonics, brandy, and wine, and light nutritious diet, should be given, as in convalescence from other diseases; sufficient rest should be taken, and exposure to great cold or heat avoided.

Without discussing the different theories and opinions in regard to the cause and origin of cholera, or discussing the question of how it has originated in other epidemics, or the different modes in which cholera may originate in other localities, I will say, in conclusion, that it is my belief that cholera can be, and in this instance was, introduced on board the "Potomac" from without, and this opinion I have arrived at by excluding the possibility of all other causes which have been suggested. It could not have existed in the atmosphere, or persons in the vicinity of the ship would have suffered. It could not have been in the water, for, had it been, it would have prevailed wherever the water was used. It could not have been caused by the stench from the bone-boiling establishment, for it was confined to the ship, while thousands of persons in the neighborhood were incommoded by the same vapors. It could not have originated in filth contained in the ship, for the ship was carefully examined, and no filth has yet been found. It could not have been caused by overcrowding of the men, because she had no more men on board than other ships of her size have had for a greater length

of time. It could not have been caused by want of ventilation, for the very construction of a ship, unless hatches and ports are closed, insures ventilation. It is well known that cholera has been often, and can be carried in bedding or clothes from place to place, by persons not affected. That it can arise in other ways I do not deny, but in this instance, I believe that the cholera-poison was introduced from without by a recruit or other person; and I regret that, although diligent inquiries were made of the survivors, we were not able to discover what recruit, if any there were, had lately come from a district where cholera prevailed.

WILLIAM LOWBER,
Surgeon U. S N.

Dr. P. J. HORWITZ, U. S. Navy,
Chief of Bureau of Medicine and Surgery.

FATAL CASE OF INTESTINAL OBSTRUCTION; SUPPOSED INTUSSUSCEPTION.

BY T. M. WOODSON, M. D.,
Of Gallatin, Tennessee.

J. P., æt. eighteen years, male, tall, rather slender, six feet high, farmer, of previous good health. Was engaged the day before in hauling rails. Took his supper at six o'clock, attended a debating Society, retired at 10 o'clock, P. M., without complaint, but was attacked at one o'clock, A. M., November 29th, 1867, with pain in the bowels, which was continuous, but worse by spells, followed by vomiting, throwing up his supper. Some simple remedies were used by the family without relief. I was called in at one 1 o'clock, P. M., found him sitting up, complaining, especially by paroxysms, very much of pain in the abdomen, which seemed to radiate from the umbilicus; no nausea, though he had vomited several times; no fulness, tenderness, tumor, or hernia, could be discovered about the abdomen; tongue coated with heavy white fur; no fever, or other distress. Thinking it a simple case of colic, or some transient digestive disturbance, prescribed opium with pil. hydrarg., followed by sulph. magnesia, if the bowels failed to act in ten or twelve hours, (they had moved naturally the day previous); sinapism to be applied to bowels.

From this date to December 4th, six days, he continued to complain of the abdominal pain and distress, gradually becoming more intense, occasional paroxysms of hiccough and belching, tenderness and fulness of the abdomen gradually followed, which could not be located at any particular part, being general. Sat up the greater part of the time, being the most comfortable position. During this time there was no fever or general constitutional excitement; took very little food of any kind; had no evacuation or discharge from the bowels; free secretion of urine; what sleep and ease he had during that time were from opiates. Took repeated doses of sulphate magnesia, castor oil, turpentine, calomel, COOK'S pills, compound cathartic pills, (U. S.) enemas of soap-suds, castor oil, turpentine, common salt, and also the pumping into the bowels of large quantities of warm water and air, to the utmost power of retention. All of these means failed to produce a single movement of the bowels, only at one time a single fecal lump, less than a common marble, passed with some occasional flakes of mucus, as if washed from the large bowel. Anodynes were freely used also to allay the abdominal distress, according to its severity. At one o'clock, P. M., December 4th, he vomited a large quantity stercoraceous matter. Pulse ninety-six. Some little fever for the first time. I now introduced a bougie attached to a stomach pump, fifteen inches into the rectum, and drew up warm water until he complained of the fullness, as greatly increasing the abdominal distress, all of which readily passed away without producing any fecal discharge. The gravity of the case was now evident, having resisted all means brought to bear for more than five days without an evacuation, there could be no doubt of the existence of permanent obstruction; whether intussusception, internal hernia, or what, could not be correctly stated. The family, who were very intelligent, were fully apprized of the nature and grave prognosis of the case, while I requested a consultation. Dr. J. M. HEAD, one of our most experienced and oldest practitioners, joined me, and upon a critical examination of the history and condition of the patient, fully coincided as to the previous treatment, probable cause, and pro-

gnosis. From this time we attended the case jointly, keeping the following notes: December 5th, pulse ninety-eight. Abdominal pain, distention, and tenderness still unabated, if not increased; urine free, high color; takes no nourishment; still no motion of bowels, vomited (stercoraceous) four times since yesterday; it is of a dark brown color, very offensive odor, slight fever; still sits up. Used during the last twenty-four hours, opium and calomel each ten grains, given at five doses; hot fomentation to the bowels; enemas of chicken soup, used in quantity to be retained, hoping to nourish the system and invite action to the lower bowel. December 6th, pulse ninety-six; no fever; rested better last night; tongue cleaning, some relish for food, using panada; slight mercurial impression; vomited at ten o'clock A. M., yesterday, feculent, has slight nausea only a few moments before vomiting; abdominal tenderness and distension somewhat increased, with the tenderest point in the left lumbar region, but no tumor, urine free, had an inclination to stool once, and passed only a small quantity of mucus, with small specks of blood. Used last twenty-four hours, sulp. morphia ⅓ (one-third) gr. every four hours. December 7th, nine o'clock, A. M., pulse 104, less abdominal pain; tenderness and distension unchanged; no vomiting since last date, still some relish for panada and milk, which we requested to use all he could; no fever; morphia continued. December 8th, nine o'clock, A. M., pulse 110; not so well to-day, rested badly last night, pain, fulness and tenderness of the abdomen increased; tongue coating again; no desire or relish for food; had a desire to stool twice since yesterday, passing only traces of mucus; vomited (feculent) once; frequent belching; delirous last night; countenance anxious and haggard; continue morphia, also five grs. calomel in two gr. doses. December 9th, nine o'clock, P. M., pulse 120—failing; has been restless to-day; all the symptoms worse; vomited (feculent) at noon to-day large quantity; the constant belching of offensive gas, rendered the room almost intolerable. This and the vomiting give temporary relief to the fulness, of which he makes great complaint. Quite thirsty, still sits up at times for more than an hour, for comfort of position. Rapidly emaciating, it required ⅓ gr. morphia every two hours to quiet abdominal pain. Continue morphia, alcoholic stimulants, concentrated diet.

December 10th, P. M., pulse 116; no vomiting, otherwise about as yesterday; continue morphia. December 11th, A. M, pulse 116; no vomiting last night, holding about the same. Eight o'clock, P. M., pulse 120, vomiting to-day at 11 o'clock, A. M., and seven o'clock, P. M., feculent; morphia and milk punch. December 12th, nine o'clock, A. M., pulse 120, no better, increasing delirium, no vomiting; sweating profusely; hippocratic countenance, dimness of sight. Ten o'clock, P. M., pulse 130, vomited (feculent) at six o'clock, P. M., vital powers rapidly failing. R. sulp. quiniæ 1 gr., morphiæ ¼ gr. every two hours, with alcoholic stimulants all that he can take, and concentrated diet.

December 13th, A. M. No better still; pulse 130; vomited once last night (feculent); continue treatment. Nine o'clock, P. M., vomited again at one and seven o'clock, P. M., to-day, still sweating, pulse 130. December 14th, nine o'clock, A. M., vomited at eight o'clock this morning; increased delirium, sweating, pain, fulness and tenderness of the abdomen; pulse 130. At one o'clock, P. M., vomited about a quart of dark colored exceedingly offensive matter, like decomposed blood, with traces of mucus membrane. This was quite different from the feculent matter which he had been throwing up, and indicated a speedy dissolution. He continued to throw up this frequently, and in large quantities, rapidly sinking, and died at one o'clock, A.M., December 15th, in great agony, complaining of the abdominal pain more than anything else, to the last moments. Thus terminated the case precisely sixteen days to the hour of attack. In the absence of an autopsy, which was not practicable and is to be regretted, our diagnosis as to the exact nature and seat of the obstruction, is conjectural, whether intussuscepton or internal hernia, but incline to the former opinion. Notwithstanding this most important defect, we conceive there are some points of interest in the case which

is our apology for presenting it to the profession. The deep interest and painful solicitude with which we watched the progress, and untoward result, induced us to seek out every thing within our reach, calculated to throw any light, that we might comfort ourselves and the friends, (however poor the consolation, in those cases where the best directed efforts of our art fail, is but too plainly seen and felt,) that the most approved and justifiable means were brought to bear, to save the life of this promising youth.

After the faithful use of all means to remove the obstruction without success, we adopted, after mature consideration, the course which in our judgment was most likely to give the best hope of relief. Our most approved authors, as well as the histories and statistics of such cases, bear one testimony on this point, which is to quiet and sustain the system with opiates, alcoholic stimulants and concentrated diet, and (although questioned by some) hold in check, if possible, the resulting peritonitis by the constitutional effect of mercury, until nature would relieve the obstruction, by sloughing of the constricted part. The only other alternative would have been the risk of an operation, which was suggested and desired by the non-professional who saw the case; but this we thought would cut off the only hope. ERICHSEN says: "*It is not only* known that if the patient is left unrelieved he must necessarily die; but that the only means of relief, gastrotomy, is probably nearly as fatal as the disease for which it is undertaken; no case in which this operation has hitherto been performed for internal strangulation having *recovered*." Professor GROSS says: "Internal strangulation is generally a fatal disease, its very obscurity forbidding interference. But even when the surgeon is bold enough to undertake an operation, it is extremely rare that he succeeds in affording relief, either because the procedure is attempted as a dernier resort, or because it excites fatal peritonitis. In two cases of the kind, where after mature consultation with eminent physicians, interference was deemed proper, I signally failed to confer any benefit; one patient dying at the end of four hours, the other less than 36." (*System. Surgery*). With the authority cited and the obscurity of the exact seat and nature of the obstruction, we cast our chances of hope upon the course first stated. Professor FLINT in his practice reports two cases of recovery by sloughing and passing off of the part, as reported by Professors PEASLEE and VAN BUREN. Dr. SMITH reports fifty cases analyzed, in which seven recoveries took place by sloughing. (*Flint's Practice.*) Dr. HAVEN collected fifty-nine cases of intussusception, in which sloughing took place in twelve, with ten recoveries (*Amer. Jour. Med. Sci., vol.* 30) being respectively, 14 and 17 per cent. recoveries.

Our case was not without hope during its progress, and from the length of time he survived. Professor FLINT states the intestine sloughs from the sixth to twelfth day, while in fatal cases they rarely go beyond eight days. Dr. HAVEN gave the average in nineteen cases as four days. Professor ERICHSEN says: "In internal strangulation, death usually takes place from the sixth to tenth day, though sometimes sooner;" while, as before stated, the patient died at the end of sixteen days from the hour of attack. There seemed to be an improvement of the symptoms on the eighth day, when the mercurial impression was first noticed, by an arrest of the inflammatory symptoms, cleaning of the tongue, relish for food, no vomiting, but without removal of the obstruction. But an aggravation of all the symptoms again followed, which at one time seemed held in check by alcoholic stimulants and increased anodynes; the obstruction not being reached, he sank by gradual prostration, dying by slow asthenia.

How far did we err in our diagnosis, or were we justifiable in not hazarding an operation, under all the circumstances? This we will leave those to judge who may be so unfortunate as to meet similar cases.

—— In Berlin, the policemen of all railway and police stations, and of the market places, have been furnished with galactometers, in order to put a stop to the adulteration of the milk, which is practised there on a great scale.

Hospital Reports.

Jefferson Medical College,
November 27th, 1867.

Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

Coxalgia.

Charlie C., æt. 5. The right knee of this boy is projected forward, the thigh flexed upon the pelvis, and the leg upon the thigh. The body has a peculiar twisted appearance, and the hip upon the right side is raised considerably above the level of that on the left, in order to throw the axis of the body on the sound limb, to save the affected one as much as possible. There is no elevation of temperature over the right buttocks, nor over the right knee. The right nates is smaller than that on the opposite side, it is somewhat flattened, has lost its convexity, roundness, and fulness, and there is an effacement of the gluteo-femoral crease. When the patient lies flat on his back, the leg remains still bent as it was when he was standing; he is not able to extend it, and the attempt to do so by force causes him to raise himself up. Any effort made to flex the thigh, moves also the innominate bone with it. Rotation, abduction, and adduction of the thigh are all impeded and attended with pain. On flexing the leg on the thigh, and striking on the knee, the jar communicated to the head of the thigh-bone, and to the acetabulum with which it is connected, awakens pain, as does also extending the leg, and striking against the heel with the palm of the hand. These are modes of examination which should not be neglected when there is doubt, as there may be in the incipient stage of the disorder. The child is restless at night, screams out, and has to be aroused before he can be pacified. He refers the pain now to the groin.

In the early stage of this disease, pain at the knee is one of the pathognomonic symptoms, which is rarely, if ever, entirely absent. If the physician be not on his guard, he is apt to medicate the knee, instead of directing his applications to the hip-joint, the seat of the disease.

The mother of this child died of consumption. He has scrofulous disease of the hip-joint, and the pain from which he suffers is the result of spasmodic contraction of the muscles of the thigh, by which the affected surfaces are brought forciby in contact with each other during sleep. The affection would seem to be inherited in this instance from the mother.

This disease begins sometimes, there is reason to believe, in the synovial membrane of the hip-joint, sometimes in the articular cartilage, sometimes, and not unfrequently, in the cancellated texture of the head of the thigh-bone, from which it gradually extends to the articular cartilage, and thence on to the synovial membrane. There is still doubt as to the precise origin of the affection, but there are many reasons for the belief that it begins, in numerous instances, in the head of the femur. It usually involves the head and neck of the thigh-bone to a greater extent than the acetabulum. If the acetabulum suffers much, perforation takes place, and in some cases where the head of the femur has escaped the action of the disease in great measure, it may pass through the opening in the bottom of the acetabulum, into the pelvic cavity; but such cases are uncommon in occurrence. The head of the thigh-bone is gradually wasted under the influence of the disease, the hemispherical portion of it gradually disappearing through the action of the absorbent vessels, and this absorption frequently goes on until the greater portion of the neck of the bone is destroyed. The round ligament, of course, is destroyed, and the capsular ligament, the strongest of its kind in the body, also suffers very materially as the disease advances. When the disease has progressed thus far, there is, of course, a good deal of shortening of the limb, but in the earlier stages the shortening is apparent, not real, depending upon the manner in which the patient lifts the hip in order to throw the axis of the body in the direction of the sound limb. During the advancement of the morbid action, matter forms, either in the articulation or on the outside, of a peculiar scrofulous character, greenish, or yellowish slightly verging upon greenish, containing a large quantity of fatty substance, with comparatively few pus globules. It usually points at some distance below the articulation, three, four, or five inches; sometimes directly over the joint; sometimes toward the posterior portion of the nates; occasionally in the groin; and sometimes in several situations simultaneously or successively. Although the abscess is often entirely extra-articular, the matter evidently forming in the connecting cellular tissue around the articulation and amongst the muscles, very frequently likewise it occurs within the articulation, so that the joint is bathed, as it were, in the pus.

There can be no difficulty in the diagnosis of this affection when it has made some progress, but in the earlier or incipient stages, there may be

some trouble in the discrimination. The patient may have lameness of the hip-joint simply from sprain, or contusion, or the effects of rheumatism. Under such circumstances, the diagnosis may generally readily be established by proper therapeutic agents. Confine the child to bed, apply a few leeches to the region of the hip-joint, give at night a few grains of Dover's powder for the purpose of acting on the skin, and follow this, it may be, by a mild aperient. If this be continued for a week or ten days, and the disease be rheumatic in character, the symptoms will be sure to be mitigated, if they do not entirely subside. So, likewise, when the affection is the result of a traumatic cause, rest, attention to diet, mild purgatives, and an anodyne at bedtime, will, in the course of a very short time, produce such a change in the condition of the parts as to do away with the danger of any mistake in the diagnosis. In coxalgia the symptoms go on increasing from bad to worse. It is a slow disease, chronic in its character, divided into several stages. In the first instance you have simply the ordinary phenomena of inflammation, especially the pain in the knee. After a while, the pain leaves the knee in great measure, if not entirely, and fixes itself in the situation or direction of the hip-joint, being particularly severe in the groin. Then, also, there is effacement of the gluteo-femoral crease, flattening and widening of the nates, flexure of the leg on the thigh, and of the thigh on the pelvis, and the elevation of the heel as the patient stands on the floor—all of these symptoms are unmistakable. After a while, suppuration takes place, with its attendant phenomena.

If the disease is not relieved by the interposition of treatment, or if the treatment should prove of no avail, the patient will gradually perish from its effects. The proper remedy consists in recumbency in the early stages of the disease, keeping the patient on his back with the limbs extended by means of weights (attached by adhesive plasters and passed over a pulley) varying from five to six or eight pounds, according to the age of the child and other circumstances. The design is to keep the muscles which produce spasmodic action perfectly at rest, not only during sleep, but during the twenty-four hours. In regard to internal remedies, the fewer the better. If the patient present evidences of debility, tonics of course will be indicated, with nutritious diet and nourishing drinks. If the reverse be the case, the circulation good and an abundance of blood, very few internal remedies will be required. Now and then a mild aperient, attention to the diet, with perhaps a little anodyne at night, will cover the entire ground of treatment.

The child was ordered to be kept at rest, and to have weights applied in the manner mentioned, raising the foot of the bed slightly, in order that counter-extension may be made by the body, precisely as in the treatment of fracture of the inferior extremity. This treatment will be tried during the next ten or twelve days. If then there be not a marked improvement, the actual cautery will be applied to establish a pyogenic issue.

Infantile Paralysis.

George K., æt. 2 years. This case is one of interest, presenting an example of an affection of the inferior extremity, very frequently met with. He cannot walk any at all now, and has not done so for thirteen weeks. He has the use of the right, but none of the left leg, which stands out in an unseemly manner, with the foot inverted as in club foot. The leg is wasted, as is also the thigh; the muscles are exceedingly soft and flabby; and the surface is colder than it is in the natural state or in the opposite limb. There is a want of circulation, a want of nerve-power, in other words, some of the muscles of the limb are paralyzed, especially the extensor, and there is a tendency to the formation of club foot. If the case be not relieved in a comparatively short space of time, there will be such an amount of contraction on the part of the tendo-achillis, as to give rise to equino-varus.

This is that form of paralysis which so frequently happens in this and other countries during the progress of dentition. The child seems to be well, eats a hearty supper, goes to bed, and wakes up at two or three o'clock, suffering from excessive restlessness and great thirst; in the morning when an attempt is made to place him on his feet he is found to be paralyzed. Either both limbs suffer or frequently, as in this case, one. This constitutes infantile paralysis, produced evidently by disease of the spinal cord or of the nerves which emanate from it to supply the extremities. The upper extremities are sometimes involved, but this is uncommon, the disease being generally observed only in the lower.

It is supposed that the pathology of this affection consists in a lesion, inflammation, with deposit, of the spinal cord, or of its thecæ. In this way pressure is made upon the nerves which supply the inferior extremities, so as to interfere with the passage of nerve fluid. It is not owing to any disease of the brain; the lesion must be in the spinal cord, or in its arachnoid prolongation. The probability is that it is an inflamma-

tion, followed by effusion of plasma, which becomes organized and presses the nerve so as to impair its function.

The child was ordered five drops of the tincture of the chloride of iron three times a day, a nutritious diet, and a dessert-spoonful of good whiskey or brandy, along with one-half a tumbler of milk three or four times in the twenty-four hours. As respects the part, frictions were ordered. The hot and cold douche was directed, the surface to be wiped dry and then rubbed with veratria ointment, or with a liniment or lotion containing veratria, at the same time shampooing the limb, kneading and pressing the muscles. Another excellent stimulant is flaggellation with willow switches. It is one of the most powerful excitants of the muscles and nervous system in the treatment of disease, of which Professor Gross has any knowledge—more powerful and permanent than electricity.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

Stated Meeting, December 26th, 1867.

Dr. Hutchinson, *in the chair.*

Cancer of the Breast.

Dr. Sayre presented a carcinomatous breast, removed from a stout robust woman forty-two years of age. The glands of the axilla were not enlarged, although the growth was of an unusually large size. The specimen was microscopically examined by Prof. Flint, and pronounced to be unmistakably cancerous.

Only one small vessel required a ligature, and this slipped off before the flaps were brought together, without a recurrence of the hæmorrhage, so that no foreign body remained in the wound. In regard to this point Dr. Sayre remarked, "this is the fourth breast I have removed without the use of the ligature. Whether the mode of holding the knife at an oblique angle in making the incisions may have anything to do with it I cannot say, but I have made it a rule always to cut through a vessel at an oblique angle instead of a right angle, so that the upper portion of the vessel may drop over the mouth of the artery, and thus materially aid in arresting the hæmorrhage."

In the history of this case, Dr. Sayre made allusion to the fact that the patient had been victimized into the belief that a certain water from a spring of great pretensions would do her good. She pertinaciously persisted in swallowing some eighty bottles, without, of course, receiving the slightest benefit. We omit the name of this aqueous humbug, and at the same time take the liberty of expressing our regret that the Society should have been drawn into such a protracted discussion of its merits. It virtually amounts to a most excellent advertisement of the hydrated humbug in question, and nothing would more delight the proprietor of this damp delusion, than to see such an advertisement duly embalmed in the official records. As we have no desire to contribute in any way to the pecuniary success of a remedy of such questionable propriety, we cheerfully omit all the details, and pass to matters more becoming the attention of the Society.

Caries of the Head of the Femur.

Dr. Sayre presented the head, neck, trochanter, and about four inches of the shaft of the femur, removed last Sunday, from a boy fourteen years of age. In September last, the patient received a blow just in front of the trochanter major, from a bat, causing considerable pain, which lasted for some time. The next day he was exposed to a severe storm in a wagon without a cover for nearly two hours. The following day he was at work picking up potatoes, and at intervals amused himself by wading into an adjacent stream. That night he suffered from a good deal of pain in the hip, and was taken with a severe chill, after which he was confined to his bed. Three weeks after this, an abscess appeared at the upper and anterior portion of the thigh. This was opened by the attending physician, and a seton drawn through the parts. This continued to discharge, but did not give full drainage to the joint, so that in time, various other openings occurred, amounting to nine in all, and through none of these could dead bone be detected by the passage of the probe, and it became a question whether the disease was located in the ilium, the hip joint, or the lumbar vertebræ.

On measuring the well leg, from the anterior superior spinous process, it was found to be 33¾ inches. The same measurement of the right leg gave 33 inches. The circumference of the left thigh at its largest portion was nine inches, that of the calf of the leg nearly six inches, and that of the knee nine and a half inches.

The diagnosis made by Dr. Sayre at this time was, that the disease of the hip joint had commenced not long after the injury, and had subsequently produced luxation of the head of the femur. The parts were removed by the ordinary incision, which was not made as straight as usual on account of the presence of the sinuses on coming down to the joint. The head of the bone

was found entirely out of the acetabulum, the only case of the kind the Dr. has ever encountered, except where the acetabulum was very extensively diseased. In this case the acetabulum was perfectly healthy. The portion removed is very much enlarged and roughened. In this case the periosteum was peeled off with the greatest ease, except at single points, viz: the digital fossa, and this is usually the only point where adhesion of the periosteum is so firm as to require the use of the knife. No ligature was used in the operation. A telegram received to-day states that the lad is comfortable.

The use of Holt's Dilator for Strictures of the Urethra.

Dr. Hutchinson presented a specimen of stricture of the urethra, and gangrene of the lungs, occurring in the same individual. The patient was a sailor, thirty-eight years of age, admitted into the Brooklyn city Hospital, on the 9th of September last. He stated that he had had gonorrhœa five or six times, the first attack occurring at the age of sixteen, and the last about three and a half years ago; since this time he has had more or less difficulty in discharging his water. He has also been suffering from intermittent fever. For the last three or four months he has been troubled with retention of urine, which has always been relieved by opium and a warm bath.

On entering the hospital a stricture was discovered two and a half inches from the meatus, and a second one at a distance of five and a half inches. The first stricture could be passed with comparative ease, but through the second, not even the smallest instrument could be passed. An instrument was introduced from time to time, first, every fourth day, and subsequently every day, by the house surgeon, until at the end of the month a No. 1 bougie was successfully passed. The second stricture appeared to be very long, measuring, as nearly as could be ascertained, an inch and a half. Soon after this a No. 3 bougie was introduced. In the meantime he was suffering somewhat from malarious poison, and especially from constipation, over which ordinary remedies did not seem to exert any effect, he was therefore given a dose of calomel, rhubarb, and ipecac., which although operating freely, was followed three days afterward by severe ptyalism, and this in its turn was followed by convulsions, lasting some two days. These passed off, and on the 15th of October, his health was pretty good again. At this time a sound was introduced into the urethra, and afterward the dilator of Holt, and passed back as far as seven and a half inches, but beyond this it was impossible to go into the bladder. Although the urine did not flow, the doctor felt satisfied that the instrument was entirely through the stricture, he therefore passed down a No. 10 staff and ruptured the stricture. Immediately after this a No. 7 catheter was passed and the urine drawn off. The operation was performed without the use of chloroform.

Immediately after the operation a dose of quinine and opium was given; twenty-four hours afterward he had a chill, but the following day was quite comfortable. On the second day he had another chill, supposing then that the intermittent had returned, quinine was given which relieved him for seven days. At this time he was taken with a very severe chill and indications of double pneumonia. On the fifth or sixth day of the pneumonia the expectoration became excessively fœtid, and continued so until the time of death, which accurred six weeks from the time of his entering the hospital. At the post mortem examination a large cavity was found in the right lung filled with fœtid fluid. The urethra shows that the first stricture was not ruptured, as any stricture that will admit a No. 5 sound, is not ruptured by the instrument, but simply dilated. On going further back the second stricture is found to be ruptured. The third lobe of the prostate is considerably enlarged, which accounts for the difficulty in getting the instrument into the bladder.

The bladder itself is very small, and the coats very much thickened, more especially on the cellular tissue. The bladder when removed was estimated to be capable of containing about an ounce of fluid. The kidneys apppear to be granular, though they have not been examined by the microscope, neither has the urine been examined.

This instrument of Mr. Holt has been used four times in the hospital, three times by Dr. Hutchinson, and once by the house surgeon. He thinks that it possesses very decided advantages over other modes, or at any rate is a very valuable addition to the ordinary methods of overcoming strictures.

In the first place, the rapidity with which the dilitation can be accomplished, instead of extending over many months, he considers an advantage.

2d. It has a decided advantage over the method by internal incisions, because, as would appear from his specimen, only the abnormal tissue composing the stricture is ruptured, a point claimed by Mr. Holt, as established by his experiments upon the dead subject.

3d. It possesses advantages over the method of external incisions as practiced by Symes.

In conclusion, Dr. Hutchinson stated that he had used the instrument until recently, and had been led to adopt the practice, from hearing the very favorable results of Mr. McNemara, of the Dublin Hospital, who has operated some two hundred times, during the last seven years, without a single bad result. Many of these cases belonged to the out-door department, and as they were never heard of afterward, the presumption is that they were cured. The same testimony is given by other surgeons connected with the hospital, the cases in all amounting to some five hundred, in none of which did any serious consequences ensue.

Dr. Whitehead did not think that, under ordinary circumstances, such an operation would be justifiable unless the urine could be seen to flow. He had no practical experience with the instrument, but it seeemed to him that the danger of infiltration of the urine was greater than where an external incision was made as by Syme's method.

Dr. Hutchinson, agreed with Dr. Whitehead with regard to the importance of the appearance of flow of urine, but in this case he felt certain that the instrument was engaged in the stricture.

Dr. Hamilton stated that among his earliest recollections was the treatment of urethral obstructions without the use of instruments, simply confining the patient to bed and putting him upon a low diet. About that time the favorite practice was that of forcible dilatation, and after that came the perineal incision of Symes. The conclusion that he had arrived at, from his own observation and experience, and observation of others, is that there are very few strictures through which the patient can pass water, which cannot be cured by gradual dilatation, without being attended with any hazard. His own convictions are in favor of regimen and gradual steady dilatation. He could not be convinced that rupture of a strictured portion of the urethra would not leave a liability to the formation of a traumatic stricture, quite as troublesome as the one which originally existed. In conclusion, he called upon Dr. Parker to state his views.

Dr. Parker quite agreed with Dr. Hamilton as to the importance of low diet and rest. These alone, in many cases, will effect a cure. He long ago learned an important lesson from the case of a young man who had been treated for stricture by mechanical means, without success. The same patient was afterward put upon a simple mixture of spirits of nitre, and a low diet enforced. The result was that he soon recovered, without any further use of instruments. In Dr. Parker's earlier days, the practice of cauterization of strictures was in vogue. He had used caustics when he was a student, and had seen them very often used by others, but without any good results. So far as his treatment now was concerned, he was rather in favor of dieting and gradual dilatation. He had never tried the instrument of Mr. Holt, but his prejudices were not in favor of it as a mode of treatment. He confessed himself somewhat amazed at the results of Mr. McNemara, and the question arose, whether there were not, in these two hundred favorable cases, many very trivial strictures. He thought it somewhat singular, *that every single case should have been successful.* Considering, also, that many of the patients were never observed again, he was inclined to regard the result as not entirely reliable. A single point had occurred to him in listening to the details of Dr. Hutchinson's case, whether a patient is not put in great danger by the rupture of a stricture, anterior to which there exists a second one, through which only a No. 4 sound can be passed. Whether it would not be better, in such a case, to dilate or rupture the most anterior stricture first, so as to obviate the possibility of any mechanical obstruction between the ruptured stricture and the meatus.

Dr. Newman referred to some cases of stricture which he had succeeded in dilating by the patient use of the faminaria digitata, until a sound could be introduced.

Myeloid Tumor.

Dr. Parker presented a specimen of disease of the femur, removed from a gardener 63 years of age, whom he saw, in consultation, the second day of this month. On examining the patient, the lower extremity was found to be nearly double the normal size. There was no opening in the soft parts, no discoloration of the skin forming the covering of the tumor. The vessels in the neighborhood were somewhat enlarged, and there was a slight increase of temperature, compared with the sound limb. Compression over the knee-joint produced no pain. As the system was beginning to break down, he advised amputation, which was accordingly done. The tumor, on examination, is seen to involve the spongy or cancellated structure, and belonged probably to the fibro-plastic or myeloid class of Paget. There was no enlargement of the glands, either above or below Poupart's ligament.

Dr. Sands stated that the specimen contained

no cancer cells, but all the cells characteristic of myeloid formations. The microscopical appearances were very similar to those observed in a specimen which he had presented about a year and a half ago. He believed that it was now very well settled by extended observation, that although these tumors possess a certain resemblance to malignant formations, they do not show the history of true cancer.

Dr. Whitehead remarked that this form of tumor had been very thoroughly studied and described by Nélaton the younger.* The true myeloid tumor is somewhat rare, while the myeloid tumor of Paget is comparatively common. In order to observe the distinctive element of the true myeloid formation, the specimen must be examined as soon as possible after removal, as the cells are very soon destroyed.

Epithelioma of the Thumb.

Dr. Rogers presented a thumb taken from a dispensary patient, on which there is a very well defined epitheliomatous growth. Although the tumor was somewhat extensive, it did not interfere with the motion of the joint. The part of the tumor near the bone shows, under the microscope, a tolerably abundant formation of stroma, in which are imbedded the ordinary cancer cells.

As one proceeds from the bone to the external surface, there is much less stroma, and not so many cancer cells. The tumor has existed for four years, and started near the nail, and has continued to grow steadily. There was but slight enlargement of the axillary glands, and no constitutional symptoms. He considered that this was a rather rare locality for a growth of this kind. Annandale alludes to the possibility of their being formed there, and Paget represents a similar growth occurring on the palm of the hand.

Dr. Hamilton alluded to two cases in which he had operated. One occurred upon the thumb, and the other upon the heel. He considered them somewhat rare, but thought that probably a number of cases had occurred which had not been put on record.

The Society then went into executive session.

M.

Treatment of Hæmaturia.

In the statement of a case of cancer of the bladder (*British Medical Journal*, June 1st, 1867, p. 631) Dr. Ramskill, of London, mentions that the hæmaturia was checked by half-drachm doses of bitartrate of potassa, ter die. In two-drachm doses, it is equally as effectual in checking bleeding from hemorrhoids.

* Une nouvelle espèce de tumeurs bénignes des os, ou tumeurs à myéloplaxes, par Eugene Nelaton. Paris, 1860.

Editorial Department.

Periscope.

Carbolic Acid in Surgery.

Dr. Canniff, in the *Canada Medical Journal*, has the following on this subject.

During the past year the profession has been favored by Joseph Lister, F. R. S., Professor of Surgery in the University of Glasgow, with several papers upon the subject of carbolic acid in the treatment of wounds. In this paper it is intended to offer some remarks upon the views advanced by Professor Lister.

His treatment of wounds by the application of carbolic acid, is based upon the discoveries claimed to have been made by M. Paster, namely—I quote from Lister—"that the septic properties of the atmosphere depends not on the oxygen or any gaseous combinations, but on minute organisms suspended in it, which owe their energy to their vitality—it occurred to me," says Professor Lister, "that decomposition might be avoided by excluding the air, by applying as a dressing some material capable of destroying the life of the floating particles. The material which I have employed is carbolic or phenic acid, a volatile organic compound, which appears to exercise a peculiarly destructive influence upon low forms of life."

He recommends it in all forms of wounds, a weak solution in the incised wound, and in contused wounds, especially in compound fractures, in much greater strength. It is likewise used in the treatment of chronic abscess to prevent decomposition of the pus after an opening has been made.

To read Professor Lister's remarks, his inferences, one would almost think that a Paget had never written upon the *healing process*, nor a Hilton expounded the invaluable benefits of rest in the treatment of wounds and abscesses.

Before proceeding with my remarks I wish to make one broad statement, viz., that nature has endowed the system with the power to heal, to make extraordinary, as well as ordinary repair of tissue. In every case where there has been a solution of continuity, an effort is at once made to effect a healing of the breach. And the assertion is ventured that there exists a material, prepared solely for the purpose of healing; I refer to the fibrine of the blood. This point, which I believe has never been urged, never indeed stated, but by myself, I have endeavored to make plain

in my "Manual of the Principles of Surgery." Of course there are circumstances which will successfully hinder the natural process of healing. These may be local or general, and it becomes the surgeon's office to remove these untoward conditions, if within the bounds of possibility.

Take a simple incised wound, where the part has been divided without injury to the neighboring tissues, on either surface of the wound. If the individual is in health that wound will readily heal by adhesion, however extensive it may be, if the surfaces be brought together and retained fully at rest. If anything intervenes between the surfaces of the wound, or if the part be not kept in a state of rest, they will not unite immediately. Such is the case whether the air is excluded or not, provided always that the part is retained in a physiological condition by the application of moisture and cold sufficient to prevent undue circulation of blood. I will relate a case which was under my own care. A man in good health, although addicted to slight intemperance, met with a railroad accident, by which his hand was severed from his body. Amputation was performed three inches below the elbow by the circular operation. The integument forming the flaps was uninjured; but some of the soft parts had to be trimmed off, because of bruising; two ligatures were employed, and the stump closed by the introduction of sutures placed not more than half an inch apart, a few adhesive straps were also used, a bandage was then applied around the stump sufficiently snug to keep the parts immovable; the end of the stump was uncovered, except by the few adhesive straps. The limb was placed in a slightly elevated position, and cold water dressing applied, no pains being taken to exclude the air. About thirty-six hours after, every second suture was removed. The following day all but two of the stitches were taken away, and the day after all were abstracted, and adhesive straps alone continued to support the edges of the wound, while the bandage was still snugly applied around the arm immediately by the end. Cold water was used to prevent exalted circulation, being applied by dipping a piece of folded cotton in the water from time to time, and laying it upon the part. It soon became evident that immediate union had taken place in the whole extent of the wound, not a drop of pus had formed, although there had been a continual oozing of *liquor sanguinis*. The two ligatures remained in the tissues for nearly three months before suppuration took place along their tract, which after another month resulted in their evulsion. Had acupressure, as recommended by Sir James Simpson, been practised, this after-trouble would not have come. Now, here was a large wound, an amputation of a large muscular arm, no care was taken to exclude the air; on the contrary, the wound remained open, with the integument turned back for some time, until the bleeding had entirely ceased. There was plenty of time for the air to deposit any number of organisms. Subsequently the surface of the wounds were left uncovered, and yet there was complete immediate union. I will refer to another case in my own practice, in which resection of the ankle-joint was performed, and the unusual amount of two inches of bone was removed from the extremities of the tibia and fibula. A few days subsequent to the operation, a large portion of the integument—cicatrix of a recent wound—sloughed away. From first to last nothing but water dressing was used. The wound in its whole extent was, from the first, left uncovered. The air was constantly circulated around the part, and after the slough came away it entered the large excavation every time the cloth was dipped in water, which was very often. Week after week the depth of the wound was exposed, and the ends of the bones were daily seen, bathed with liquid fibrine, beneath which the work of repair steadily progressed. Eventually nature's work was complete, and the bones of the leg were rejoined to those of the foot. The air was ever present; yet only a very small quantity of pus was at any time elaborated, and this was at the bottom of the ankle where it was impossible to secure a free escape of fluid. Now, if air is so pernicious by the presence of low forms of life, why did it not in this case produce its disastrous effects? These two cases are here adduced to show that healing will successfully, and to a remarkable extent take place, when the air is directly and constantly in contact with the discharge constantly poured out. The presence of air affects not the healing process; but if the air be foul, loaded with the animal poison derived from the decomposition of the discharge which is pent up by the application of numerous coverings and bandages, with the view of excluding the air, then the simple, but grand work of repair is stayed, and the frame-work—the coagulated fibrine, is undermined, and instead of material being poured out to effect repair, poison will be absorbed. And hence may follow serious blood-poisoning.

But it is in cases of compound fractures, those cases of severe crushing or laceration, where

blood-poisoning is more likely to follow, that Prof. LISTER thinks the carbolic acid is pre-eminently beneficial. For these cases it would seem that the low organisms act with greater power. The fact is ignored that in these severe injuries, not only is there a wound, but the tissues on either hand are crushed. The cells which go to make up the whole structures have suffered, and are in a low state of vitality, perhaps are dying, or already dead. With many it is a question whether life can be restored or not. Here nature has not alone to close up a wound, but to give back life to tissue in a state of collapse. Instead of standing ready to pour out the fibrine to seal up the divided tissue, it has to wait itself for help. Some of the structures have been so far injured that restoration is impossible; they must die, and have to be sequestrated from that which is enabled to live. This all involves a more tedious and complicated process, and the circumstances of one, with such a wound, is far less hopeful. In these cases, the dark grumous fluid wells slowly but incessantly from any side. Yet we are told that here is a favorable chance for the mischievous little animals floating in the air to commit depredations.

Now it is respectfully submitted, that it is the crushed tissues which give the dangerous character in these cases, and that the air carries no additional poison, however much it may circulate. And it is difficult to understand how carbolic acid, even supposing it has killed the organisms, can help the unfortunate cells which compass the tissues, and which are bruised and bleeding. But this can be understood, that the ultimate particles of the system have the power to recuperate—to recover from a shock; somewhat the same as one who has been precipitated headlong among the debris of a falling building, and who lies stunned, and for a time, senseless. If, however, some of the tissues die and remain in the wound, because bandages have been so applied that air shall not enter, or if the position is unfavorable, so that no fluid can flow out of the wound, then dead particles remain there to decompose and to be absorbed, thereby producing pyemia, or some other blood-poison. I can understand that carbolic acid, or a more potent caustic, might, by forming an escar of this dying tissue, tend to prevent that fatal result. But is this necessary? I have no hesitation in saying no. In a healty subject, by placing the patient, especially the *part injured*, in a proper position, so as to *prevent an accumulation of fluid* in the part, by applying judicious and general *pressure;* by keeping the parts *clean*, so that no dead matter may remain to *be absorbed*, by allowing *clean air*, also, to approach and give its *purifying influence*, then the effects will be as salutary and invigorating as is pure air to one who has been confined in a dungeon, and as grateful as the limpid stream to the weary traveller with sore and bleeding feet. The belief that if air entered the cavity of a joint or any closed sac, the most disastrous results would be sure to follow, has now quite exploded. So should we discard the idea that air—pure fresh air—is such an evil agent in connection with wounds. It is not argued that air may not be productive of harm, and that healing of injured tissues will not more quickly take place, as in subcutaneous section; but it is contested that carbolic acid is not necessary to enable nature to take any necessary step to restore a part crushed and wounded.

Then with respect to chronic abscess, Prof. LISTER has given a very elaborate way, whereby carbolic acid may be made to prevent the entrance of air into an opened abscess, or render inert the floating organisms. It is a fact well known, that oftentimes after a chronic abscess has been opened and a quantity of pus discharged, which was inodorous, and the opening made to close up, that when again opened fœtid pus would escape, while hectic symptoms would present themselves. But is it because of organisms introduced by the air? Rather is it not because the abscess was closed and air pent up, which led to a decomposition of degenerating pus, which would otherwise have gradually dissolved and been absorbed. It must be remembered that a collection of pus necessarily presses aside the natural tissues; now these structures will tend to return to their natural position when pressure is removed, and my practice has been to make a direct opening, large enough to allow a free escape, but not to evacuate the abscess. The patient was placed in a comfortable and natural position beforehand, so that no motion of the body would expel the contents. A poultice applied soothed the part, and prevented the closing of the incision, but no tent was introduced. The result invariably has been satisfactory; the structures gradually returning to their natural position, pressed out the pus, yet not so quickly as to make room for air to enter. Should air find an entrance, I would make a passage sufficiently large that a change of air could be had by the contracting pyogenic membrane; then there is no decomposition, no evil results. Of course in these cases *rest* to the parts is an absolute necessity.

Fractures of the Lower Extremity.

The following surgical cases are from the records of the City Hospital, Boston, and are reported in the Boston Medical and Surgical *Journal*, by David W. Cheever, M. D.

Seventy-five Fractures of the *Femur* are enough to furnish some basis for a comparison of results.

To speak, first, of simple and uncomplicated fractures, they occurred at all ages and in all parts of the femur. Treatment, with very few exceptions, soon settled down into the following uniform course. The apparatus to be described is a modified combination of the methods of Buck and Liston.

First—Extension was made by strips of adhesive plaster carried above the knee, up to the seat of the fracture, and down below the foot, on each side. They were retained by spiral turns of plaster and by bandaging. The lower ends were attached to a cord, passing over a pulley, and suspending a weight of five to fifteen pounds, according to the age of the patient, or his muscular power.

Second—Counter-extension was made solely by raising the foot of the bed four inches.

Third—Rotation was prevented by a long, outside splint, extending from above the pelvis, below the foot. This was lightly bandaged on from the ankle to the groin, and ended in a few turns of the single spica, around the trunk. Sand bags were sometimes added.

Fourth—Splints of Coäptation were applied around the muscles of the thigh, next the skin, and secured by broad straps and buckles. The advantages of this method are steady, persistent extension, and freedom of the perinæum from any counter-extension; comfort and ease to the patient; no sloughs, and good average results.

Shortening rarely exceeded three-fourths of an inch; often it was much less. No adult escaped without some shortening; many of the children had, however, no perceptible difference between the two legs. In none of the simple fractures were there any sores, or sloughs from the apparatus.

Non-union, originating in the hospital, occurred only *once* in the five hundred fractures. The double-inclined plane was used for some fractures near the hip. The double-inclined plane, combined with extension by weight in the axis of the femur, the pulley being at a height of five or six feet from the floor, according to the plan of Prof. Nathan Smith, was used in one case. The anterior splint of Dr. Nathan R. Smith was used in a few instances.

It was not perceived that either of these modes, in simple fractures of the femur, was more beneficial than that first described.

Intra-capsular fracture in old persons was treated by the fracture-bed, and, in some cases, by the long splint and weight, temporarily, to relieve pain. No apparatus was applied for a long time, and the patient was got up on crutches as soon as practicable. One case, in a person younger than middle age, was thought to be wholly intra-capsular and not impacted, and recovered with firm, bony union.

The majority of the cases of compound fracture of the femur were the result of such great violence, and accompanied with so much laceration of the soft parts, that amputation was the only resort.

Cases suitable for conservative efforts did well on the fracture-bed of Dr. Crosby; and on some heavy iron substitutes for it, contrived and modified by Mr. Cutler, the Superintendent. The great advantage to these last was, their complete immobility and their durability.

There were three cases of simple fracture of *both* femurs. One, adult, was treated in Gibson's apparatus, which consists of two crutches from the axilla to beyond the heels, and a foot-piece, by which extension can be applied to both legs. Two, in children, were treated by double plaster extension of the two legs, terminating in one pulley, and heavy weight; and sand-bags to check rotation. All three cases did well.

There were three fractures of the *Patella*. All were treated in the straight position, with the heel raised eight to ten inches. All did well; one, *transverse*, had *bony* union.

There were one hundred and seven fractures of the *Tibia* and *Fibula*. The majority were simple, though many threatened to become compound. Pott's fracture, with dislocation of the ankle, was pretty common.

The fracture-box was used more than any other apparatus, especially in the early treatment; simple fractures were soon got into an immovable bandage. Certain fractures of the tibia, threatening to become compound, were successfully treated by flexing the leg, and laying it on its side, in Mr. Pott's position, with a carved splint to steady it. After several weeks the straight, starched bandage was applied. Certain others were suspended in Dr. N. R. Smith's apparatus, with good results; and where there was simply an oblique fracture of the tibia pressing against the skin, it was remedied by raising the heel. The compound fracture of the leg depended for good or bad results on the habits and the age of the patient.

During the last six months the glue bandage of Mr. De Morgan has been largely substituted for starch. It is made of ordinary boiled glue, to which one-fifth part of alcohol is added. Its advantages are facility of application with a brush; quicker drying, greater solidity, and firmer union of the folds of bandage after being slit open, than the starched bandage of Seutin.

Medical and Surgical Reporter.

PHILADELPHIA, JANUARY 18, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

ADVANCE PAYMENT!

We would remind subscribers that henceforth we must insist on ADVANCE PAYMENT. Consequently, we shall very soon cease sending the REPORTER to those who do not indicate their desire to continue taking it by communicating with us. We have now many thousand dollars due us on old subscriptions, and for the past several months, have wasted much time and money in trying to settle up these accounts. We must avoid this in the future, and the *only* way to do it is to conduct the REPORTER on the cash principle, just as our great succestful daily papers and literary magazines are conducted. We will then know just where we are, and not be at the weekly expense of printing and sending out copies for which we have to pay, though we may never receive anything for them. For some time past we have been shortening our credits; now we propose to cut them off.

We anticipate only good results from this determination, and feel sure that all our subscribers will see that the advantage of such an arrangement will be mutual.

THE DISSEMINATION OF MEDICAL KNOWLEDGE.

The prevailing ignorance of the principles of rational medicine is something that we cannot too much deplore. It opens the doors to all those diverse impostures, which, under various well sounding names, lead so many of the public to trifle away their money, health, and lives. The matter is a serious one, and deserves a more careful consideration than it generally receives.

The complaint is made, and justly too, that physicians seek too much to make their guild of the nature of a close corporation, and instead of seeking to familiarize their patients with the maxims of medicine, rather prefer to envelope them in technical language and learned ambiguity.

Popular treatises on medicines, or rather on health and disease, are generally such woful trash, and the schoolbooks designed to instruct in anatomy and physiology, are mostly so inconscionably dry, that the reader feels no interest and derives little profit from them. Yet the topic, properly presented, is one in which every person would take an interest. Few books have sold better in their day than the Life of CORNARO, the Apostle of Temperance, or HUFELAND'S Art of Prolonging Life.

These writings touch the sensitive point in the public mind: they appeal to the instinct of self-preservation, strongest of all instincts; they reveal the art of medicine in its highest and ideal development, as the art of *preserving* life. Around this point, as the popular eye sees with unerring instinct, centres the whole of medical knowledge, and the popular mind is interested precisely in the degree that all teaching bears on this main question. The truths and the beauties of physiology and anatomy rarely excite more than a passing and a sterile admiration.

There seems to us room for a work—if one could only be found—which would invest medicine with the same interest which the pen of HUGH MILLER threw around geology, or which LEIBNITZ had the powerful skill to attach to the dry problems of metaphysics. Only by educating in this manner the mind of a community, can we succeed in rescuing it from the hands of knaves and empirics, and in bringing public hygiene and public health to their greatest perfection.

Notes and Comments.

An Apology.

Not long since, in a number of the REPORTER, under the title, "Anxious for Notoriety," we commented on a bundle of papers which had been sent us by a correspondent professing to be a non-medical man. The papers were artfully arranged so as to make it appear that the practitioner in question had yielded to the temptation of rushing into print unnecessarily in connection with an operation he had performed. We have been satisfied since, that the communication was prompted by malice, and was, in all likelihood, inspired by a rival physician in the same town, and was written to satisfy personal and professional spite.

Such conduct is beyond expression contemptible and dishonorable. The person guilty of it should be summarily ejected the State and county societies, and is entirely out of place in the company of gentlemen.

We refrain, at present, from referring more pointedly to this most unpleasant occurrence, but shall remember to make it a theme for an-

other notice when the question comes officially before the Massachusetts State Medical Society. At that time, it will be appropriate to name both parties concerned, and to hold up to general opprobrium a creature capable of such action:

"Whip me such rascals naked through the world."

More Cholera.

The severe cold weather of the past few weeks has had no effect in diminishing the tendency to the spread of cholera. On Saturday last, the 11th inst., the ship Leibnitz, arrived from Hamburg, after a passage of sixty days, arrived at Quarantine, New York. She had 105 deaths by cholera, seventy adults and thirty-five children, and had on board thirty-five cases of the same malady. The ship was ordered to the Lower Quarantine, where the sick were transferred to the hospital ship. No new cases had occurred for ten days previous to their arrival in port, and no new cases have been reported since.

Cholera is also reported as prevailing in a very violent form in some of the West India Islands.

Abortions—Action of the Essex (N. J.) District Medical Society.

At a meeting of the Essex District Medical Society, held at Newark, on Tuesday evening, January 7th, action was taken in regard to the growing crime of abortion. Drs. Coles, Woodhull, and Holden were appointed a committee to prepare an address to be presented to the Grand Jury then in session, and after a short retirement they returned with an address, which was read and adopted, in which utter abhorrence and condemnation of the crime is expressed, and the Society pledged to active co-operation with the Grand Jury in bringing to justice all such offenders. The address was laid before the Grand Jury immediately.

Theology and Hygiene.

Many of the rites enjoined by the Mosaic law were simply hygienic observances. The Apostle Paul did not entirely overlook recommendations in his epistles having a sanitary bearing. In view of the importance of hygiene to the welfare of mankind, thus recognized in Holy Writ, we are glad to announce that Dr. Willard Parker, of New York, has lately endowed a lectureship on Hygiene, in the Union Theological Seminary of that city, to consist of three or four lectures yearly. The course of this year will be given by Dr. Parker himself, and the first was delivered on the evening of the 10th inst.

Fœtal Expression.

Dr. Kristeller, of Berlin, in a paper presented at the International Medical Congress, described a new system of obstetrical manœuvres, in which he substitutes for the forceps, and all other medical or surgical methods of expelling the fœtus, a regular and systematic pressure on the uterus during labor. He gives this system the name of *fœtal expression* (*expressio fœtus.*) It consists in seizing the gravid uterus with both hands, placing it in the proper direction, and press it downward by degrees. After a few seconds the patient is allowed two or three minutes' rest; then the manipulation is renewed. If twenty or thirty *expressions* have produced no result, the system must be abandoned; if, on the contrary, it appears to assist the progress of the fœtus, forty applications or more may be performed without any danger. Dr. Kristeller supports his method by a formidable array of figures, and advises all obstetric practitioners to give it, as soon as possible, a fair trial.—*Western Journal of Medicine.*

Correspondence.

DOMESTIC.

Chloroform and Ergot in Midwifery.

To the Editors of the Med. and Surg. Reporter:

After carefully reading the last two communications of Dr. Hildreth to the Reporter, it was my deliberate jugdment they needed no reply from me. The last one simply discusses the opinions of another physician, who is far abler to defend his views (which I regard as fully correct) than I could be. And the former article developes no new doctrine, no new physiologica or obstetric fact. Indeed all of it that is not personal, seems to be old arguments put in new form. I do not deem it proper therefore to de tain the profession further with rejoinders. All that was said in my report to the Ohio State Medical Society, was said in candor and good faith. I did not dream of giving offence to Dr. Hildreth, nor of calling out a discussion which has been forced upon me, more in the shape of special pleading, than in plain and dignified exposition of scientific facts. And I am well aware the personalities indulged by each of the disputants are beneath the dignity of professional discussion—and are in especial bad taste between men who are fast friends, and have remained friends notwithstanding such indulgence. In order therefore to relieve your readers from such uninteresting matter, I "*Rest,*" but shall

still comply with my promise to give an article on attachments of membranes to the uterus.

Thad. A. Reamy.

Zanesville, Ohio, Dec. 25th, 1867.

News and Miscellany.

Medicines used now and in Galen's Time.

Opium is at the head of this list, for there is, I suppose, scarcely a known use of opium which was not understood then. Galen, perhaps, used it more frequently than we should in cases of continued fever where there was much pain, insomnia, or great excretion; and it was the favorite medicine in his time in cases of bronchitis, with abundant expectoration and troublesome cough.

But opium was also the chief ingredient (combined with almost all known aromatics and stimulants,) in the various "antidotes" which were taken habitually by the Romans to preserve them from the ill effects of poison, of the bites of venomous animals, and of bad diet. These antidotes, or "theriacæ," came afterward to be used in the treatment of almost all diseases, in an indiscriminate manner, the rationale of which it is difficult for us to follow.

Trousseau and Pidoux, in their ingenious endeavor to explain the action of cinchona in malarial fevers, point out that these compounds must have had something of the same effect as bark, which they call "a kind of natural theriaca; and this is no doubt the real explanation of their former value and present neglect; they served a purpose which is now more effectually answered by cinchona and its derivative. It is much more difficult for us to understand how theriacæ could preserve from the venom of serpents, yet the author of the treatise "De Theriaca ad Pisonem" had his facts (if facts they were,) to go upon. "No one has ever been known to die who took theriaca immediately after having been bitten by one of those animals which destroy life; and if any one takes it, and is bitten soon afterwards, its venom is harmless, as has been frequently proved by judges, who (having power to put to death and to pardon, and being desirous of trying this medicine,) have given it to criminals condemned to death." The author then goes on to say that he had tried the same experiment on wild fowl, and with the same results.

Squills, again, were employed for the same diuretic and expectorant effects as by us. They were sometimes pushed to a dangerous extent, for, after one prescription containing squills, Galen remarks, "It is a good remedy, and after its use patients pass blood by urine."

Aloes, galls, all the terebinthinate drugs, the resins and gum resins, were much more largely employed than at the present day; while scammony, castor oil, colocynth, henbane, conium, and many other medicines, were equally well known. The root of the male and female ferns were used to destroy the tænia, and also as a bitter in chronic bronchitis and liver disease. Rhubarb (probably from its scarcity) was but little employed.—*British and Foreign Medico-Chirurgical Review, October* 1867.

The Great Sulphur Cure.

There has come into our hands a recent pamphlet entitled "The Great Sulphur Cure brought to the Test; and Workings of the New Curative Machine, proposed for Human Lungs and Windpipes," by Robert Fairman, Surgeon, Diggar, Scotland. It is for popular distribution, and is written in a very colloquial style, in the form of a letter addressed to the Minister of Biggar. The sulphur cure is the use of sulphurous acid by fumes or in solution, and the vaunted machine is a spray producer by which he introduces the remedy into the larynx and lungs. Mr. Fairman relates quite a number of cases in which he used the sulphurous acid successfully in diphtheria, tonsilitis, laryngitis, ulcers, sore nipples, hæmorrhoids, etc. He also prevents the spread of the zymotic diseases in households by means of fumigation. He found it ineffectual against epithelioma of the lips, and once produced an attack of asthma in a gentleman by too free use.

The fact that sulphurous acid is destructive of all parasitic animals and plants is well established, but its use as a remedial agent has been rather neglected, except in the form of the hyposulphites. If, as Dr. Fairman claims, the symptoms of phthisis can be ameliorated by the inhalation of sulphur fumes or spray, we have to thank him for a valuable gift.—*Med. Gazette.*

Mental and Manual Labor.

Professor Houghton of Trinity College, Dublin, has published some curious chemical computations respecting the relative amounts of physical exhaustion produced by mental and manual labor. According to these chemical estimates, two hours of severe mental study abstract from the human system as much vital strength as is taken from it by an entire day of mere hand work. This fact, which seems to rest upon strictly scientific laws, shows that the men who do brain-

work should be careful, first, not to overtask themselves by continuous exertion; and, secondly, that they should not omit to take physical exercise, on a portion of each day, sufficient to restore the equilibrium between the nervous and the muscular system.

Dr. Veron.

Not long since, Dr. Véron, doctor, druggist, quack, author, politician, theatrical manager, and rich, died in Paris. The *Lancet* comments on his death as follows:

Dr. Véron's death has happened opportunely, at the opening of the medical year, to admonish the young student against some besetting sins of the profession. The Doctor realized a great sum of money; he made himself very conspicuous in Parisian society; and he enjoyed familiar intercourse with the distinguished partisans of three royal dynasties. But he died utterly disrespected; he has left the impress of his name on no discovery, invention, or undertaking really beneficial to his fellow-man; science, literature, and philanthropy are none of them the poorer by his loss. Yet he had one useful lesson to bequeath to the aspiring medical student—the lesson of industry, tact, and knowledge of the world. In the pursuit of the more scientific branches of the profession, the two latter of these qualities are apt to be unduly neglected, and the practitioner accordingly finds himself at middle age very learned, very formidable in the arena of scientific discussion, but often suffering from what Mr. Disraeli calls "that ignoble melancholy which arises from pecuniary embarrassment." This, the sole bequest of Dr. Véron's chequered and successful career, might have been enforced a little more pointedly for the benefit of the young audiences at the various medical schools; and while the lecturer need not have forgone his pet function of applauding the Choice of Hercules, he might also have dwelt upon the unobjectionable side of that social tact which is illustrated by the career of the modern Mercury—Dr. Véron.

Every Soldier his own Doctor.

The French Government seems determined to foster the practice of medicine in the ranks of its army, notwithstanding the collapse of the pretensions of the Zouave Jacob. According to the *Liberté*, "the authorities have just ordered 800,000 waistbelts, each having attached to it a small medicine-box. The latter will contain whatever is necessary to give, in a rough way, a first dressing to a wound, or stop dysentery. The whole will cost about a million and a half of francs." We trust that the contents of the above-mentioned medicine-boxes will not prove of so powerful a nature as to be dangerous in ignorant hands, lest, like a certain army of old, the troops should find "when they rose up in the morning they were all dead men!"

Clinical Medical Society.

A new, and what will probably be a very useful, medical society has recently been established in London, under the designation of the "London Clinical Society." Sir Thomas Watson, Sir Robert Fergusson, and other distinguised medical gentlemen, have given it their countenance and support. Certainly, such an association would do great good in New York, and would undoubtedly be a success. We commend the subject to the profession of this city. The large attendance upon the meetings of that most practical of our societies, the Medical Journal Association, shows the bent of the medical mind among us. A clinical society, the proceedings of which would be entirely devoted to the records of actual experience, would certainly be appreciated, and would afford a grand opportunity for making known the very many interesting features of pathology and treatment which are constantly being brought out in a large city like New York.—*N. Y. Medical Gazette.*

There is such an association in this city, composed of attachés of the various hospitals. It should make itself *felt.*

A Naval Vessel Disinfected by Steam.

The Navy Department has received dispatches from Commander Chandler of the United steamer Don, dated Vera Cruz, December 16. He states that the yellow fever broke out on board of his vessel on the 25th of November. It proved to be of a most malignant type. He was ordered to the above port, and on arriving there the ship was anchored with a "spring," and was always broadside to the wind. The sick were at once landed and their clothing and bedding aired. The ship was thoroughly impregnated with yellow fever. Commander Chandler caused the hatches of the berth-deck and ward-room to be securely closed. One joint of the steam-heater on the berth-deck was disconnected, and the same operation performed in the ward-room. A thermometer was lowered through a small slip in the tarpaulin, and, after two hours' steaming in the ward-room, it indicated 205 degrees, and on the berth-deck 170 degrees. The hatches were then opened, decks dried down, joints of steam heaters replaced, and in two hours more there was no in-

dication of the extreme heat to which those places had been exposed. No cases of fever occurred afterward. We had twenty-three cases on board, and seven men died. Commander Chandler informs the Department that he is fully persuaded that heat eradicated the disease as effectually as a severe frost could have done.

Spiders.

Father Babaz has communicated to the French Academy of Science an account of his experiments with spiders, and the manner in which he ascertained a fact hitherto unknown to naturalists, viz., that most spiders possess not only the faculty of spinning a thread, but also that of projecting one or several, sometimes of the length of five or six meters, which they use to traverse distances with, and affix their thread to a given point for the support of their web. They even seem to have the power of directing the extremity of an ejaculated thread to a given point; they seem to feel for the place where it is most desirable to fix it. Certain spiders, the Thomisa Bufo for instance, will eject a bunch of threads, which, curling up in the air, and shining in the sun with various hues, give the insect the appearance of a peacock displaying his tail. But this is not all: spiders can fly and swim in the air, though they are heavier than alcohol. To perform this feat, they turn their back to the ground, and keep their legs closely folded up on their bodies, and in this posture sail about with perfect ease.

Sanitary Arrangements in Paris.

A correspondent of the *Chicago Med. Journal* says:

Regarding the sanitary arrangements of Paris, we might take valuable lessons in some things, and they of us in others. We, of them, respecting urinals in public places, for every prominent object in this great city is considered a proper mark for a suffering bladder. A Frenchman can no more forbear wetting everything that projects than an American dog, and that, irrespective of time, place, and surroundings. This arrangement gives a delightful odor of ammonia, which, you know, is an antidote for fainting; and I have noticed that the ladies do not faint there, even at the sight of these mictutorial exploits.

Another arrangement, for the protection and bestowal of unclaimed babies, may be worth copying. These consist of little round structures, situated on the public streets, with a port-hole-like arrangement on one side as a place of deposit. The shelf which receives the "waif," appertains to a revolving arrangement on the inner side, which is at once turned by an unseen hand half around, where the infant is received and transported to the hospital for foundlings. The arrangement became necessary for the prevention of the crime of infanticide. As a depositor is never seen, this method must address itself to them as preferable to child murder. I need not mention the legalization of prostitution as another sanitary arrangement.

Detecting Belladonna.

Mr. H. C. Scorby read a paper lately before the Sheffield Literary and Philosophical Society, in which he set forth the difficulties which the toxicologist encounters in his efforts to prove a case of poisoning by belladonna. These difficulties are obviated by the use of the micro-spectroscope. The spectrum of the juice of belladonna is very distinct, especially when the coloring matter has been added to a solution of carbonate of soda. A small fraction of a single berry is sufficient to produce the spectrum bands characteristic of the belladonna.

CHANGES IN THE NAVY.

List of changes, etc., in the Medical Corps of the Navy, from the 23d of December, 1867, to January 4th, 1868, inclusive:

Surgeon O. H. Burbank detached from the Receiving Ship Vandalia, and ordered to the U. S. Ship Kearsarge.

Surgeon I. H. Clark ordered to the Receiving Ship Vandalia, Portsmouth, N. H.

Surgeon David Kindleberger detatched from the U. S. Ship De Soto, and wait orders.

Surgeon J. J. Gibson detached from the Receiving Ship New Hampshire, and ordered to the U. S. Ship De Soto.

Surgeon Somerset Robinson ordered to the Receiving Ship New Hampshire, at Norfolk, Va.

Passed Assistant Surgeon B. H Kidder detatched from the U. S. Ship De Soto, and wait orders.

Passed Assistant Surgeon J. B Parker ordered to the U. S. Ship De Soto.

Passed Assistant Surgeon James N. Hyde ordered to U. S. Naval Hospital, Washington.

Acting Passed Assistant Surgeon D. C. Burleigh detached from the Naval Hospital, Washington, and ordered to the U. S. Ship Purveyor.

Assistant Surgeons George A. Bright, J. M. Flint, James N. Hyde and J. B. Parker, promoted to Passed Assistant Surgeons.

[*Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.*]

MARRIED.

Conner—Cairl.—On Jan. 9, by the Rev. Wm. C. Robinson, D. N. Conner, M. D., of Felton Del., and Miss Sallie F. Cairl, daughter of the late Louden E. Cairl, of this city.

Dudley—Hall.—Dec. 25th, 1867, by the Rev. F. Perry Hall, in the Mount Moriah Baptist Church, Smithfield, Fayette co., Pa., Pemberton Dudley, M. D., of Philadelphia, and Miss Sade K. Hall, daughter of the officiating clergyman.

Gill—Griggs.—Jan. 7, by Rev. E. W. Clarke, Dr. R. T. Gill, of Poughkeepsie, and Annie C. Griggs, daughter of F. H. Griggs, Esq., of New York.

Johnston—Stewart.—On Christmas day, by Rev. J. B. Johnston, David R. Johnston, M. D., and Maggie J., daughter of John Stewart, Esq., all of St. Clairsville, Ohio.

Larkin—Kinkaid.—On Dec. 29th, 1867, by Rev. Mr. Hoffman, at the residence of the bride's mother, Dr. J. B. Larkin, of Mitchell, Ind., and Miss Maggie Kinkaid, daughter of the late Judge Kinkaid, of Shelbyville, Tennessee.

Leonard—Phillips.—At West Woodstock, Conn., Jan. 8, by Rev. Mr. Hyde, Dr. A. Sydney Leonard, formerly of New York, and Hattie, daughter of A. Phillips, Esq., of West Woodstock.

Marshall—Rowland.—Jan. 1st, at Chapel Farm, near Hagerstown, Md., by Rev. David Long George H. Marshall, M. D., of Snow Shoe, Pa., and Miss Ellie Rowland, youngest daughter of J. S. Rowland, Esq.

Morgan—Shobe.—By Rev. S. C. Faris, Nov. 21, 1867, Dr. J. J. Morgan and Miss Bettie Shobe, both of French Creek, W. Va.

Whitten—Harkey.—Jan. 2d, 1868, at the residence of Mrs. Tobias, Hillsboro, Ill., by Rev. F. Short, Dr. Thomas J. Whitten and S. C. Harkey, both of Hillsboro.

Wisehart—Bradbury.—At the residence of Rev. Furguson, Jan. 2, 1868, Mr. J. M. Wisehart, of Frankfort, O., and Miss A. L. Bradbury, daughter of Dr. E. H. Bradbury, formerly of Cincinnati.

DIED.

Cooke.—At Holmdel, Monmouth co., N. J., of enteritis, Dr. Robert W. Cooke, in the 71st year of his age.

Perchment.—In Allegheny City, Pa., Dec. 13, 1867, of heart disease, Alfred Perchment, M. D., aged 32 years.

Ten Broeck.—In Portland, Me., Dec. 19th, Dr. P. G. S. Ten Broeck, Surgeon U. S. A.

METEOROLOGY.

December,	30,	31.	J. 1.	2,	3,	4,	5.
Wind	E.	N. E.	N. E.	W.	N. W.	W.	N. W.
Weather	Cl'dy	Cl'dy.	Cl'dy. Snow. Fog.	Clear. Fog.	Clear. Fog.	Cl'dy. dense Fog.	Clear.
Depth Rain			6 10		3-10		
Thermometer.							
Minimum	24°	15°	30°	28°	29°	32°	25°
At 8, A. M.	26	19	37	34	36	35	31
At 12, M.	30	23	41	40	42	41	33
At 3, P. M.	39	23	42	41	43	42	33
Mean	29.75	20.	37.50	35.75	37.50	37.50	30.50
Barometer.							
At 12, M.	30.7	30.7	29.7	29.8	29.9	29.7	30.3

Germantown, Pa B. J. Leedom.

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The Forty-Eighth Annual Course of Lectures in the Medical School of Maine, will commence February 20, 1868, and continue sixteen weeks.

Circulars containing full information may be obtained by applying to the Secretary.

C. F. BRACKETT, M. D., *Secretary.*

Brunswick, Jan. 1, 1868. 568—571wkly.

THE NATURE, CAUSES, AND TREATMENT OF NERVOUS DEAFNESS. Translated from the French of Duchenne, with additions. By Laurence Turnbull, M. D., of Philadelphia. Published and for sale by Lindsay & Blakiston, No. 25 South Sixth street.

"This neat and unpretending little volume before us is devoted to the consideration of a group of diseases of the ear, for the relief of which most of us do very little that is rational, or, indeed, generally of any real avail. Forming an appendix to this translation from Duchenne, is a paper by Dr. Turnbull—on Nervous Deafness. It gives his views and experiences on this obscure and important subject, embracing remarks on the character, etiology, physiology, etc., etc. The little volume is very interesting and worth reading."—*Cincinnati Lancet and Observer. October*, 1863.

"Dr. Turnbull's 'additions' present a very good account of the existing state of knowledge with regard to nervous deafness."—*Boston Medical and Surgical Journal, Sept.* 10, 1863.

"We have now reached the conclusion of the little volume, which is presented to us in a very neat form—considered as a whole, it is quite creditable to the translator; and to those specially interested in aural surgery, and unacquainted with the original, will repay perusal, and prove a valuable addition to the literature upon the subject."—*Medical and Surgical Reporter, August* 22, 1863.

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ON FOREIGN BODIES IN THE EAR. By the same author. Pamphlet. Price Thirty cents. 568—593.

TO PHYSICIANS.—His attempts to extend a more advanced knowledge of his specialty to physicians already in practice having been so favorably commented upon by those of the profession who have attended the previous courses, and by the medical press, Prof. HORATIO R. STORER will deliver his third private course of twelve lectures upon the Treatment of the Surgical Diseases of Women, during the first fortnight in June, at his rooms in Boston.

Fee $50; and Diploma required to be shown. Certificates of attendance upon the courses already completed have been issued to the following gentlemen: Drs. J. B. Walker, Union, Me.; Alexander J. Stone, Augusta, Me.; Daniel Mann, Pelham, N. H.; Augustus Harris, Colebrook, N. H.; J. W. Parsons, Portsmouth, N. H.; E. F. Upham, W. Randolph, Vt.; G. E. Bullard, Blackstone, Mass; J. A. McDonough, Boston, Mass.; J. G. Pinkham, Cambridge, Mass; James Coolidge, Athol, Mass.; Thos. G. Potter, Providence, R. I.; C. M. Carleton, Norwich, Conn.; I. Farrar, Hartford, Conn.; M. C. Talbott, Warren, Pa.; H. Gerould, Erie, Pa.; W. W. Bancroft, Granville, Ohio; A. I. Beach, Belville, Ohio; Henry E. Paine, Dixon, Ill.; W. L. Wells, Howall, Mich.; and W. A. I. Case, Hamilton, C. W.

Hotel Pelham, Boston, January, 1868. 568—588.

THE

MEDICAL AND SURGICAL REPORTER.

No. 569.] PHILADELPHIA, JAN. 25, 1868. [Vol. XVIII.—No. 4.

Original Department.

Communications.

TWENTY CASES OF CATARACT TREATED BY EXTRACTION WITH IRIDECTOMY AND THE SCOOP.

By D. Hayes Agnew, M. D.,

One of the Surgeons of the Pennsylvania Hospital, also of the Wills Opthalmic Hospital, etc.

The operation of *extraction* in cases of hard, or even semi-hard cataract, may now be claimed as an established procedure. It is not presuming too much to assert, the results of such operations are not surpassed by those of any other class of cases admitting of surgical interference. That such has not always been the case, every professional man very well knows. The time is not long past when extraction would be declined, if there was any prospect of being able to dispose of the lens either by successive chippings, or change of place in its entirety. The information now desired by the operators, if answered in the affirmative, generally determines the extraction. Is the cataract hard? Is there a good perception of light? Is the general health good? are the iris and the tension of the ball normal?

The improvements which enhance the success of extraction at present would seem to be a reduction in the extent of flap; the removal of a portion of the iris, (iridectomy); and the lifting out, by the spoon or scoop, of the lens, instead of the pressing out mode, as practiced in the old method.

The twenty cases tabled below were not selected cases, but taken as they presented themselves. The list might have been greatly extended, but as the object is only to present such as were the subject of iridectomy and the scoop, none others have been introduced.

By examining the tabulated statement of cases, it will be seen the average of the patients was a little under 53 years. Twelve of whom were males and eight females, and all of whom with the exception of two were or had been married.

Six of the number were either feeble or deficient in constitutional vigor, and of this number were the cases yielding the least satisfactory results.

Their occupations were varied.

The operation performed was incision through the corneo-sclerotic line, forming the lower flap; drawing out and excising a portion of the iris (iridectomy); free laceration of the anterior capsule, and outscooping the lens after the manner of Schuft.

The subsequent treatment consisted in closing the lids of both eyes with very pliable adhesive plaster, placing over each a compress of charpie, secured by a few turns of a roller; a solution of atropia (3 grs. to the ℥) to the eye; keeping a pledget of lint well moistened with tinct. opii. over the brow, and administering an anodyne of morphia whenever demanded by pain or nervous restlessness. The diet was regulated according to circumstances; restricting moderately those in full health, and a generous allowance to such as were feeble, often aided by stimulants and tonics.

Of the whole number treated, only two can be said to have proved unsuccessful.

The oldest cataracts, two in number, were of eight years standing. Of the varieties, seven were lenticular, and thirteen capsulo-lenticular. In consistence, sixteen were hard, and four very moderate, or semi-consistent.

In seven cases, a sluggish pupil and feeble perception of light co-existed, and this number furnished the two unsuccessful cases.

The adhesion of the iris to the capsule, is ordinarily an important complication. In two of the cases this existed, yet in both the result

No.	Name of Patient.	Age.	Sex.	Nativity.	Occupation.	Social State.	General Health.	Condition of Globe as to Tension, etc.	Condition of Pupil.	Perception of Light.	Cataract.			
											Variety.	Side.	Consistence.	Duration.
1	J. McC.	48	Female.	Ireland.	Housekeeper.	Married.	Good.	*S. Normal	Active.	Quick.	L.	Left.	Firm.	2 yrs.
2	M. D.	53	Male.	"	Laborer.	"	"	S. Soft.	Sluggish.	"	C. & L.	Right.	"	"
3	H. S.	49	Male.	Germany.	Wheelwright.	"	Not very good.	"	"	"	L.	"	"	"
4	A. B.	50	Male.	"	Baker.	"	Good.	P. Normal.	Active.	"	L.	Left.	"	6 yrs.
5	A. B.	50	Male.	"	"	"	"	"	"		C. & L.	Right.	"	8 yrs.
6	W. R.	72	Male.	Delaware.	Jeweller.	"	Feeble.	S. Normal.	Sluggish.	Feeble.	L.	Left.	"	4 yrs.
7	J. M.	48	Female.	Ireland.	Housekeeper.	"	Not strong	S. Soft.	Active.	Quick.	C. L.	Right.	"	6 yrs.
8	S. H.	54	Male.	Penna.	Farmer.	"	Subject to Neuralgia.	"	Sluggish.	"	L.	"	"	4 yrs.
9	J. D.	48	Male.	Ireland.	Laborer.	"	Feeble.	S. Normal.	"	"	C. L.	"	"	1 yr.
10	A. F.	55	Female.	"	Housekeeper.	Widow.	Good.	P. Normal.	"	"	C. L.	"	"	2 yrs.
11	M. G.	48	Female.	"	Domestic.	"	"	S. Normal.	Active.	"	C. L.	Left.	"	1 yr.
12	W. C.	57	Male.	England.	Watchmaker.	Married.	"	P. Normal.	"	"	C. L.	Right.	Soft.	2 yrs.
13	B. W.	72	Male.	Philada.	Merchant.	"	Very feeble.	S. Normal.	Sluggish.	Feeble.	C. L.	Left.	Firm.	"
14	J. J.	60	Female.	England.	Housekeeper.	Widow.	Good.	P. Normal.	Active.	Quick.	C. L.	Right.	"	1 yr.
15	M. L.	43	Female.	Penna.	"	Married.	Not good.	"	"	"	C. L.	"	Soft.	2 yrs.
16	T. S.	41	Male.	Ireland.	Laborer.	"	Good.	S. Normal.	Sluggish.	Feeble.	L.	Left.	"	"
17	T. L.	40	Male.	N. Wales.	"	Single.	"	P. Normal.	Active.	Quick.	L.	"	"	
18	J. T.	78	Male.		Farmer.	Married.	"	"	Sluggish.	Feeble.	C. L.	Right.	Hard.	"
19	M. S.	70	Female.	Philada.	Lady.	Widow.	"	"	"	"	C. L.	"	"	
20	M. D.	72	Female.	Philada.	"	"	"	"	Active.	Quick.	C. L.	Left.	"	8 yrs.

* Letters S. and P., in this column, mean Sunken or Prominent eye.

Complications.	Extraction.	Accidents during Operation.	Treatment.	Eye first opened.	Dressing removed.	Complications of Treatment.	Result.	Length of Time under Treatment.	General Remarks.
				Day.	Day.			Days.	
	Spoon-Iridectomy.		Sol. Atropia to eye daily; Compress saturated with Tinct. Opii to brow; Morphia occasionally at night.	5th	12th	Some orbital pain.	Perfect vision with 2½ glass.	20	
Iris adherent to capsule.	" "		Atropia; Sharpie Compress; Laudanum to brow; Morph. at night.	5th	14th		Good vision with 2⅛ glass.	18	Left eye lost previously by gunpowder explosion.
	" "		Atropia; Sharpie Compress; Laudanum to brow.	5th	12th		Good vision with 2⅛ glass, Snelling's 3.	20	One month after, operated on the other eye with needle. Did well.
	" "		" "	5th	12th		Perfect vision with 2⅛ glass.	21	For operation on the other eye, see Case 5.
	" "		" "	5th	12th		Good vision.	19	
	" "		Atropia; Compress; Quinia, Morphia.	3d by patient.	8th	Patient difficult to control. Somewhat out of his mind.	Mere perception of light.	17	
	" "	Loss of some vitreous	" " with stimulants, and Arg. Nit. to cicatrix; Anodynes.	5th	14th	A little pus in the anterior chamber 5th day; slight Iritis.	Cannot distinguish objects.	25	
Soft vitreous.	" "	Loss of some vitreous	Atropia; Compress; Morphia; Stimulation; after 5th day, Nit. Argent. gr. i. to eye.	4th	14th	Some vitreous in the wound prevented union of flap: destroyed by caustic the 8th day.	Fair vision; can count fingers. Improved when discharged.	20	Although flap failed to unite until 10th day, yet no sloughing or corneal opacity.
	" "		Atropia; Compress; Laud. to brow.	5th	7th	Labored under hysterical excitement.	Fair vision.	25	
	" "		" "	5th	12th	Some orbital pain, with conjunctival redness. Relieved by 12 grs. Quinia.	Excellent vision with 2½ glass.	16	Cataract forming in other eye.
	" "	Loss of some vitreous	" "	5th	15th	Tenth day, some inflammation of sclerotic, with orbital pain. Yielded to Quinia, grs. iv., three times a day.	Good vision.	12	" "
	" "		" "	3d	12th		Good vision with 2⅞ glass.	12	Left eye had been operated on in New York, and was lost.
	" "		" " and Beef Essence, Milk Punch, Tinct. Cinch. Comp.	5th	12th	Third day, œdema of the lids; chemosis; supra-orbital pain.	No vision.	19	Other eye cataractous.
	" "		Compress; Atropia; Laud. to brow.	5th	10th		Perfect vision with 2½ glass.	12	" "
	" "		" "	5th	12th	This patient had a needle operation done two weeks before. The lens was overburdening the eye, and hence the extraction.	Fair vision and improving.	14	Other eye lost when a child. Strumous inflammation.
	" "		" "	6th	10th		Good vision.	21	This cataract was produced by an injury to the eye.
	" "		" "	6th	11th		Good vision with 2⅛ glass.	13	
	" "		" "	4th	10th		Fair vision.	15	
Iris adherent, to some extent, to capsule.	" "		" "	4th	10th	Before making incision for extraction, a Hays knife was passed through the posterior chamber, and the iris shaved loose from capsule.	Good vision.	14	This lady had the other eye operated on two years before, but the result was, its loss.
	" "		" "	4th	7th		Perfect vision with 2⅞ glass.	12	Cataract of seven years' standing of the other eye.

was excellent. The loss of a portion of the vitreous humor is a very undesirable occurrence. In three of the cases this occurred to some extent, yet in two, good vision was obtained. Tardy union of the flap is justly deemed hazardous to the well-being of the eye. This occurred in one case, there being no adhesion as late as the tenth day. Under the stimulus of the nitrate of silver, however, it united and done well. The average period at which the dressings were laid aside, was a little over eleven days, and the period of discharge over seventeen days.

REMARKS ON POLYPI OF THE EAR.

By Laurence Turnbull, M.D.,
Aural Surgeon, Howard Hospital, Philadelphia.

According to the best authorities, "polypus is understood to be a fleshy tumor; various as to color, form, structure, and consistence of tissue. But there is one common characteristic connecting all varieties of polypi; they all originate and develope themselves upon the mucous margin of the natural orifices, nose, pharynx, rectum, neck of the uterus, and auditory meatus. It is in this view that authors define polypus of the nose, of the ear, etc. "The membrane of the auditory canal," says Boyer, "has an analogy to the mucous membranes, and, like them, is subject to poly pous excrescences." The name of polypus is given to an excrescence developed upon the tegumental membranes. Polypi are commonly considered as peculiar to the mucous membrane, yet certain parts of the skin sometimes present excrescences exactly similar to the polypi; as the entrance to the vagina, and to the auditory canal."* But the definition which especially applies to the nasal polypi, for which it was created nearly two thousand years ago, is not applicable to polypi of the ear. In fact, Triquet,† in his work, states that polypi of the ear are nothing else than a sort of fleshy excrescence which originate and develope themselves upon the external and internal membranes of the ear, when affected by chronic and puriform discharges, in the same manner in which we see the inflamed surface of old issues and ulcers sometimes covered with exuding and bleeding flesh, etc. There is nothing similar met with in the etiology of the polypi of the nose; not so, at least, if we are to credit the descriptions given by our best writers.

Thus they confound two diseases which have really nothing in common but the name, and, consequently, introduced into practice a deplorable abuse, that of subjecting both diseases to the same treatment. The important differences which, in a few words, I have just pointed out, seem to indicate another plan to be pursued. The ancient authors, Hippocrates, Celsus, Galen, Ætius, and Paulus Ægineta, in treating of the polypus in many passages of their works, have intended to be understood as speaking only of polypi of the nose. Thus Hippocrates,* in a few words, describes three varieties of the polypus which develope themselves in the nasal cavity. Celsus says, "Polypus verò est carnicula quæ narium ossibus inhæret."—"*The polypus is a fleshy excrescence which attaches itself to the bone of the nose.* According to Paulus Ægineta, "The polypus is an excrescence, the roots of which extend into all the points of the nasal fossæ." Such is the tradition which we find reproduced by the surgeons of the middle ages, Guy de Chauliac, Pigray, etc.† But polypi of the ear are not contemplated in their works. We thus arrive at the sixteenth century, represented by A. Pare,‡ who had already perceived that "la fluxion tombée aux oreilles qui fait aposteme, engendre ulcere hypersarcorse ou chair supercroissante. Et plus loin quand cette chair est fort profonde, elle ne se peut guerir."—"It is true that a concise and very suggestive phrase is thrown in, as it were, by chance, into a chapter only known to contain a few theoretic views of deafness."

To Fabricius de Hilden§ we owe the first positive case of polypus of the ear scientifically treated and reported. That case has

* Dictionaire de Medicine, art. Polypi.
† Traité Pratique de Maladie des Oreilles, p. 309.

* Hippocrate. Œuvres completes, trad. par. E, littre.
† V. Guy de Chauliac, le maitre en chirurgie, p. 392; Pigray, Epitome en Chirurgie, p. 418.
‡ Œuvres completes édit le Malgaigne, t. ii., p. 601.
§ Cent. 3 obs., 1 (anno, 1604.)

been imperfectly quoted by all writers subsequent to him, and as it has been the theme of the dogmatical descriptions published since his time, I deem it indispensable to transcribe it accurately.*

Scirrhous Fungus Protruding from the Ear.

Case 1. In 1594, a young girl of noble family, Marguerite de Martines, was attacked at the age of eight years, by the small-pox. The eruption was scarcely perceptible. A year afterward, 1595, she felt violent pain, with no less violent shootings in the right ear. A few days later, an abscess opened in the meatus, and the discharged matter resembled the off-scourings of flesh. Very soon, that discharge became yellow, and after intermitting, it at length established itself permanently, but the pain no longer existed. Five years later, (in 1600,) the parents, having remarked that the hearing was weak on that side, had the curiosity to examine the diseased ear, and were surprised at finding that it was completely obstructed by a fleshy excrescence, (excrescentiam quandam carnosam.) The discharge still continued, but as the noble patient showed a great repugnance to surgical operations, her family hesitated to call in the aid of art.

It was not until the winter of 1604, that the parents consulted FABRICIUS.

The fungous excrescence, of which he has left us many designs in his fine work, had the form of the canal; that part which protruded from the ear was irregular, hard, livid, and spreading upon the concha by several muriformed tubercles. The operation was appointed for the return of fine weather, and FABRICIUS employed the ligature on the 23d of May, 1604, to compress the lower part of the tumor. It came away on the third day, but its roots were only destroyed by the aid of numerous cauterizations, and the case was not complete until toward the mouth of August in that same year, 1604. In other words, the treatment lasted three months.

Having removed a number of these foreign bodies, I most fully agree with the conclusions arrived at by TRIQUET, who has collected some fifty cases from FABRICIUS DE HILDENIS, LESCHEVIN, SCULTET, ITARD, KRAMER, TOYNBEE, PELLETAN, SEDILLOT, etc. From the latter's practice, in every instance, there was a discharge before the polypus was known to be in the ear. Secondly, in no instance was there perfect restoration of the function of hearing. Thirdly, if the polypus was situated near the membrana tympani, it was almost always destroyed. Fourthly, the most successful treatment is the extraction of the polypus and cauterization. Fifthly, there are three varieties, vascular, gelatinous, and fibrous. As before stated, if the polypus is situated near to the membrana tympani, it is in almost every instance perforated. A case of this kind I have now under my care, the polypus having been removed by one of our most distinguished surgeons.

I will now give an outline of six cases, which confirm the results obtained by TRIQUET.

Case 1. Dec. 31st, 1857. George M——, aged 35 years, occupation a shoemaker, a native of Ireland, was suffering from entire loss of hearing in the left ear, with sounding. The patient is of sanguine temperament, with scrofulous enlargement of the glands of the neck. On cleansing the ear by the use of the syringe and warm water, a vascular mass of polypus was discovered, like a strawberry in form, situated about one-half the distance from the membrana tympani. As it was soft, and bled on the slightest touch, I was unable to use the wire ligature. I therefore resorted to the lever-ring forceps of TOYNBEE. The patient sat on an operating chair, and the light of the sun was made to shine right into the ear, which was drawn backward by the assistant so as to dilate and straighten the meatus as much as possible. A large-sized speculum was next introduced, and then, with the right hand, the lever-ring forceps were gradually pushed down to the polypus with the rings in contact. As soon as the rings reached the polypus, they were allowed to separate, and when thus apart, were made to surround the growth; when this was effected, the rings were brought into contact by pressing the lever. The instrument

* Traite Pratique des Maladies de l'Oreille, p. 311.

was then withdrawn, bringing with it a part of the polypus.

Jan. 2d. The small portion which remained in the ear, and resisted the use of astringents and caustics, was entirely removed by a second operation. Afterward, hearing distance of left ear four inches, membrana tympani opaque. Directed use of iodine externally and internally.

Jan. 9th. Still improving and discharging less.

Large Vascular Polypus at the Base of the External Meatus. Removed without Perforation of the Membrane.

Case 2. Elwood, M. C., aged 18 years, a student, was sent me by his father, Oct. 17th, 1860, a distinguished medical man of a neighboring county, who had removed a part of a polypus from his ear. But it had increased so as to be a great annoyance to him. He was deaf, and the discharge was profuse and offensive.

Oct. 17th. Made an attempt to remove it by Wild's snare, but it only removed a part, and the bleeding was very free, which was checked by washing out the ear with ice-water. Caustic potash was then applied several times, but failed to remove it.

December 28th. Removed the whole mass by means of the ring-lever forceps of Toynbee; the bleeding was so free as to cause him to faint, but by means of ice-water and plugging the ear it was checked. It was near the membrana tympani, which was opaque and concave, but not perforated. He has since become a medical officer in the U. S. Navy. He has a deafness in that ear and a slight discharge, but no return of the polypus up to 1867.

Case 3. Martha G., aged 16 years, a young delicate girl, consulted me February 18th, 1864. Has been deaf of left ear with free discharge of pus and blood for seven months. On cleansing out the ear from pus, etc., discovered a small vascular polypus, which was removed by the ring lever forceps. Directed a tonic with astringents, which removed all traces of it. The hearing was improved by pursuing this tonic course for several months. All the foregoing described polypi were of the vascular character like small granules attached to a central stem or root, covered by ciliated epithelium, and when examined under the microscope, their interior was found to be composed of small cells, soft, and when compressed would break up and bleed. Some of the polypi are very small, as in the last case recorded, while others are so large as to fill up the entire meatus, and even project from the orifice. They are, as a general rule, attached to the inner half of the tube.

Soft Gelatinous Polypus in Left Ear for ten Years—Cure by Extraction.

Case 4. Mrs. R. L, aged 50 years, the wife of a medical bookseller and publisher of this city, consulted me December 4th, 1864, on account of a persistent discharge with complete deafness, so great as not to hear the watch even over her ear; this she had suffered from for several years. She had employed numerous applications by the advice of her family physician and others, but without benefit, except of a very temporary kind. Her general health is fair, and of a bilious nervous character. On examination of the left ear there was seen, deep in the tube, which was very narrow, a pale colored polypus attached to the walls of the meatus, and filling up the half of the meatus, and assuming more of a globular form as it approached the orifice. She desired very much not to have an operation, and I attempted its removal by the potassa cumcalce, nitrate of silver, etc., etc., but was not successful. After a time she consented. To give her as little pain as possible, I removed it with a ring forceps in small portions. By the use of powdered alum and other mild astringents, the discharge entirely ceased after a treatment of five months. Her deafness still continues, but she is entirely relieved from the offensive discharge, and has no pain in the ear, and no return of the polypus. The membrana tympani opaque and dull, and the meatus very much narrowed.

Case 5. November, 1867. Mrs. Catharine A. R., aged 38 years, dress maker, was sent to Howard Hospital (August 1863) by her physician. She had suffered from the age of six years with deafness, and more or less of discharge, following scarlet fever, but within

the last year she has been unable to hear with the right ear, and a polypus had grown so as to protrude outside the ear, the odor of which was so offensive as to interfere with her business; even when sitting at rest, it would bleed so as to pass under her chin and on her neck. On examination, the polypus was found somewhat abraded, and was attached about the middle of the meatus. I therefore resolved to remove it with WILD'S snare, which is the best instrument for the removal of this variety of aural polypi. To those who are not familiar with it, I will briefly describe it. It consists of a fine steel stem five inches long, and bent in the centre, so as not to interfere with the direct rays of the sun, with a moveable bar sliding on the square portion near the handle, which latter part fits over the thumb. The upper extremity is perforated with holes running parallel with the stem, and loops at the angle serve the same purpose. A fine wire fastened to the cross bar passes through these loops and holes. It should be of such a length that when the cross bar is drawn tight to the handle of the ligature, it is fully on the stretch. The best form of wire is sheet wire of No. 24 grist, with the temper taken out of it by heat. The method of applying it in the above case was as follows: The patient was seated on a chair with a good sunlight, sometimes we can use the speculum, but in this case it was not possible. The cross bar was pushed forward, and a noose made of the wire at the small extremity, of sufficient size to include the morbid growth; which it was made to surround and press down by means of the stem; the cross bar is then drawn up smartly to the handle, giving it a single twist, which drew it up from its attachment without cutting it across. Bleeding took place, but by syringing the canal with cold water it was checked. On examination to see if it was entirely removed, it was in this case. The patient did not return, but upon making inquiry of her physician, he sent me the following note:

"*Philadelphia, November 6th*, 1867.

DEAR DOCTOR—I called to day on Mrs. C. K., and learned from her that previous to the operation, her hearing was completely obstructed. Since the operation by you, her hearing has very much improved, accompanied at times, from taking cold, by a slight discharge, though no appearance of another polypus. With this hasty sketch, believe me to be, Yours Truly,

LEWIS S. SOMERS.

"To Dr. TURNBULL, 1208 *Spruce St.*"

Under the microscope the interior of the gelatinous polypus is composed of corpuscles and fibrous tissue, proving that the name fibro gelatinous polypus is the proper one.

No escharotic produces much effect upon fibrous tissue, so that extraction is the best method of removal.

Large Gelatinous Polypus.

Case 6. Ann R., aged 16, applied at the Howard Hospital, August 12th, 1867. She was suffering from pain and discharge, and noise in her ear. On examination, the ear was found very much distended by one of the largest polypi which I have removed. Her statement was, that a similar one had filled up her ear, but had disappeared of itself, but this one had remained to her distress for six months. It was removed with the snare. The bleeding was very profuse, requiring the use of the per-sulphate of iron and plugging up the meatus.

The hearing in this case was improved, and the discharge was stopped.

ARTIFICIAL FOOD FOR INFANTS.

BY P. J. FARNSWORTH, M. D.,
Of Clinton, Iowa.

The following recipe for artificial food for infants is much the best that I have ever seen tried. Its convenience and simplicity recommends it, and several years observation has confirmed me in the opinion that it is the best substitute for the natural food, and in many cases much the most preferable.

Into a pint of new milk, stir a teaspoonful of corn starch. Have ready a pint of boiling water, into which pour the milk, aud remove from the fire.

When sufficiently cool, put into a nursery bottle, and use *ad lib.* Thus prepared, it will remain sweet and ready for use for twenty four hours, except in the hottest weather. This food may be too strong for the first few days, which will be indicated by the child's cries, or vomiting, in which case more water should

be added, and then the quantity of milk gradually increased. If the milk is of good quality, it is of no consequence whether it is from one cow, or from several. The slight cooking it receives, seems to correct any bad quality. This food has succeeded in my hands better than the malt flour, or Libeg's food, or in fact better than any other preparation I have tried or seen recommended.

MEDICAL CASES.

By H. Fischer, M. D.,

Of Lanesville, Ind.

Retroversion of Gravid Uterus. Death of Fœtus at three Months and Retention of the same for four Months.

Mrs. A., about thirty years of age, medium size, healthy, mother of four children, farmer's wife, born in Germany, came to consult me some time in March, 1867. Not considering her case serious enough herself, to submit to a manual examination, I elicited by close questioning the following: That she had not menstruated for three months, that in all probability she was pregnant, and that her uterus was in a state of procidentia. She complained that, after, or during hard work, or walking a considerable distance, she would feel her womb between her thighs as large as her fist. The recumbent position in bed would restore her normal feeling. The procidentia always causing pain and sensation of faintness.

Being so very reluctant to admit of an examination, I advised her to quit hard work entirely, take as much rest in the recumbent position as circumstances would demand for at least the next four weeks. I supposed that if the woman was pregnant, the gravid uterus would in that time rise above the brim of the pelvis, or as German obstetricians say, "pass from the small into the large pelvis."

I advised and devised for her also a perineal pad and belt, and concluded to watch results.

On the fourth day of April following, I was called in great haste to see her. Found her in bed, much prostrated. I learned on inquiry, that she had been troubled with looseness of bowels for several days, that in the act of splitting firewood for kindling fire, her womb came down, causing severe pain and fainting, whereupon she had to be carried into the house.

On examination I found a large smooth tumor, resting on the perineum and pressing against the rectum. Pushing my fingers along the tumor upward and forward, I discovered the neck of the womb in that direction. I tried next to raise the supposed womb and succeeded; after that I was certain of my diagnosis of retroversion. Her pelvis was extraordinarily large, which facilitated the necessary manipulation. Advising strongly absolute rest in bed, and prescribing pulv. Doveri and tannin for her diarrhœa, I left her comfortable, but heard no more from her for three months, when I met her husband, who informed me that his wife had been very well ever since, and at hard work in the house and *field*. He told, also, that he did not think her to be pregnant, because her abdomen had not increased, neither did she feel life, but had not menstruated. Shortly after my interview with her husband, I saw Mrs. A. herself; she confirmed his statement, and looked fresh and fleshy. On the 16th of August, four months and twelve days after my visit, I was called again in haste to see Mrs. A.; found her in bed, very pale and anæmic, and learned the following: One week ago she suddenly passed blood from her vagina; thinking that it was her regular monthly returning she paid no attention to it, but kept on attending her pressing household work, and even severe bearing down pains made her stop working only long enough to remove occasionally pieces of a dead fœtus from the vagina, first the detached bones of the scull, then the chest and abdomen entire, finally the legs. On the day I was called the placenta was discharged, causing severe hæmorrhage and fainting, she fell down on the floor, but when I arrived she was all right again, only a little weak. The most interesting thing in the above case, is to me, the remaining of the uterus in situ after my first visit. The remains of the fœtus showed that it was not more than three months old at the time of its death.

Traumatic Diphtheria.

September 19, 1867. Was called to see a child, five miles in the country, which had been kicked by a horse in the field. On arriving at the house, I found the little girl, of five years of age, in bed, her face covered with bloody rags. Examining the injury and listening to the history of the accident, I found the whole face swollen, particularly the right side, to an enormous extent. The right cheek showed a clean transverse cut of nearly two inches in length, gaping considerably; finger and probe revealed the communication of the wound with the oral cavity. There also was crepitus on pressing with the fingers on the malar bone. Much blood had been lost, and the bleeding was still very profuse. I therefore applied, as quickly as possible, three silk sutures, which stopped all hæmorrhage, and brought the parts in nice apposition. The right eye was so completely closed by tumefaction, that it was impossible to make any examination of the ball. The child, although prostrated from the shock and loss of blood, answered all questions very promptly, and bore the introduction of the sutures with a fortitude which I never witnessed before. She admitted to have extreme pain, but said to her mother that there was no use in complaining. I directed cold water dressing to the head and face; internally gave the little sufferer some morphia and brandy punch pro re nata, besides meat broth and other light nourishment. On the third day after the accident, I revisited my patient. The swelling had not subsided any, but increased on left side of face; left eye also closed, and lids black from extravasated blood. The wound appeared to have united by first intention, and the sutures, showing some signs of ulceration, I removed.

The child expressed itself to feel well; no indication of fever; bowels had moved naturally; had slept well, but had not much desire for food. On third day from second visit I called again, found the little sufferer as patient as Job, but with high fever. Her mother told me that she had been restless all night and sometimes a little delirious. The wound on the cheek was open from end to end, looking like a large ulcer, and was covered with—what at first sight I thought to be pus—a dense diphtheric membrane of a dirty yellow color. Several places of the cheek, from which the epidermis was detached by the kick of the horse, some of the size of a silver five cent piece, some quite small, were also covered with the same deposit. I removed several with the forceps entire. The uncovered places were excoriated and bleeding, and presented to me the same aspect as the fauces and tonsils in diphtheria idiopathica.

The little girl complained of pain in the belly, had vomited several times, the ejecta containing coagulated blood. Diarrhœa was also present; much thirst, headache, pulse 120, small; no pain in the throat, no cough, no difficulty in swallowing, no tenderness about the neck on pressing on tonsilar region. Could not discover any deposit in her fauces, as far as the swelled condition of her face admitted examination. After cleaning the wound and removing rather uselessly the tough membrane, I applied a solution of sulphate of zinc, gave citrate of iron, quinine and opium, besides wine or brandy, meat broth, etc.

On my next visit found my patient much improved; fever absent; desired food, had slept well, etc. On again removing the freshly accumulated diphtheritic deposit, I found the bottom of wound filled with healthy granulations. Continued the treatment, and had the pleasure to see the little girl in a few days out of bed and doing well.

Ten weeks after the accident, I saw her in my office. The wound in the cheek had healed completely, without showing any cicatrix, but the cheek was indented, as if sucked in, caused by the adhesion of the interior surface of cheek to superior maxilla, which adhesion I intend to divide as soon as the swelling, which is slightly present yet, in the upper part of the cheek, proceeding from the fracture of the malar bone, has disappeared.

I have heard of traumatic diphtheritis, but have not found it mentioned in any work of surgery I have access to; neither has it been mentioned, to my knowledge, in our medical journals of this side the Atlantic.

Whether I am mistaken in my diagnosis, or

am ignorant of established facts, I am willing to let others decide.

Progressive Locomotor Ataxia.

Case 1. W. B., farmer, large muscular man, lymphatic bilious temperament (so-called), about fifty years of age; consulted me some three years ago, complained of a curious feeling in his legs and hands; could not walk far without fatigue; had a feeling as if ants were crawling in his legs; his hands felt benumbed, tingling in his finger ends. His walk was unsteady, as if intoxicated; would throw his feet forward and outward in a jerking manner. When out-doors would try to keep close to a fence or something he could take hold of. Complained also of dimness of vision, weakness in his knees and back, and partial anæsthesia of lower extremities. His tongue coated, not much desire for food, slight pain in right hypochondrium on pressure, had a sallow jaundiced appearance.

Diagnosis: Tabes dorsalis.

Treatment: Prescribed a cathartic of calomel and podophyllin, following it with acet. potass., extr. tarax., sulph. quiniæ, carb. ferr.

Although his digestive troubles disappeared, and his general feeling had become more comfortable, his nervous derangement was rather worse; he could not walk alone from his bed to the fire-place. Prescribed for him solut. strychniæ, (1 gr. to the f.ʒ.), tr. ferri. chlor. ää gtt. x., three times a day.

This had the desired effect; in a few weeks he was restored to the full use of his limbs. Some six months afterwards he had a slight relapse, but the above mixture gave prompt relief. I allowed him a full diet with some brandy, and gave occasionally a few doses of quinia.

Naval Medical Examining Board.

The Secretary of the Navy has named the following medical officers of the Navy to constitute a Board, to meet at the Naval Asylum in Philadelphia, on the 29th of January, for the examination of such candidates as may appear there for admission into the medical corps of the Navy. Surgeon William S. W. Ruschenberger is President, and Surgeons Lewis B. Hunter and William Grier, members, and Surgeon Thomas J. Turner, Recorder.

Hospital Reports.

Jefferson Medical College, *November 30th*, 1867.

Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

Ophthalmitis.

J. L. C., æt. 28. Three weeks ago, the conjunctiva and sclerotic coats of both eyes of this man were in a state of scarlet discoloration, (vol. xvij., p. 489,) for which reasons, and on account of the condition of the patient, twenty ounces of blood were taken from the arm, with marked relief. At the same time a twenty-grain solution of nitrate of silver was applied to the upper everted eyelid. There is now a marked diminution in the vascularity of the conjunctiva on both sides, so that, instead of being of a scarlet complexion, the surface is almost white. The pain has been comparatively slight, except on two or three occasions, when the patient seems to have taken cold. Whenever there is the slightest checking of perspiration in cases of this kind, there will be inevitably an aggravation of the symptoms.

The upper eyelids were everted, wiped with a soft cloth, the twenty-grain solution of nitrate of silver applied with a camel's-hair brush, and water pressed upon the lids, so as to wash off any redundant salt. Nitrate of silver in substance should never be applied to the everted eyelid, to the cornea, nor to the sclerotic coat. A solution of the strength of a ʒj. to the f.ʒj. may be used; no possible harm can result from an application of this kind, if the precautions mentioned are employed.

Congenital Fibrous Tumor over the Patella.

Edwin S., æt. 18. This young man was at the clinic one year ago, on account of a very curious condition of the covering of the knee, (vide vol. xv., p. 497.) The integument was in a state of redundancy, or hypertrophy, and covered with hair. There is still a sort of wreath or crown of hair around the knee. A very large portion of the redundant integument was removed when he first presented himself at the clinic a year ago, but some still remains. It is not growing. The affection is a congenital one.

Prof. Gross has seen a number of cases of hypertrophied skin in large masses about the neck. The last he saw was the son of a celebrated engineer in this country, in whom the affection was also congenital, involving the skin of the neck, behind, at the side, and in front, to a great ex-

tent, passing over the upper portion of the chest. The proper operation in such a case is excision.

Symptoms Simulating Stone in the Bladder.

Mr. K. has an affection of the bladder, caused, as he supposes, by the existence of a stone. He has been sounded without detecting a calculus. The instrument comes in contact with a rough surface, evidently fasciculated, dependent upon hypertrophy of the muscular fibres. The prostate gland is somewhat enlarged. The man, who passes the sound frequently and readily upon himself, insists upon it that he has often felt and heard the stone so soon as he has introduced the instrument, at the moment it enters the neck of the bladder. He passss water four or five times in the night, and in all, seven or eight times during the twenty-four hours. Every time he does so, he has some pain, and the passage of the water is frequently stopped. The difficulty in this case may be owing to an enlargement of the posterior, or middle, or third lobe of the prostate gland. There may be a stone in the third lobe of the prostate gland, which may produce the clicking noise when touched by the instrument, which the patients asserts he has often elicited. He will be kept under observation, and examined again and again. He has been for several days on the use of uva ursi, lupulin, and bicarbonate of soda, and the bladder feels easier since he has taken the medicine.

Ecchymosis.

Mrs. S., æt. 45. Four weeks ago, this patient fell down three steps, and struck her left leg, which became greatly discolored the next day. There is now apparent deformity of this limb, and and a swelling on the outside, between the fibula and the crest of the tibia. This swelling feels hard at one point, while above and below there is distinct fluctuation. There has not been much pain, nor have the parts been very hot.

This tumor feels very much like an ecchymosis, or extravasation of blood, caused by the rupture of a great many of the smaller vessels beneath the skin. The hardened mass is probably clotted blood, while the fluctuation above and below, indicates the existence of devitalized blood.

The swelling was opened, when a sort of dirty, turbid fluid was obtained, manifestly serum, saline to the taste, and coagulable by heat, acids, and corrosive sublimate. The parts were strapped with adhesive plaster, so as to bring the opposite surfaces in contact with each other, and ordered to be painted once in the twenty-four hours, with tincture of iodine.

In this case the coloring matter of the blood extravasated under the skin was absorbed, while the serum itself remained. Whenever doubt exists as to the character of a tumor, the exploring needle may with great propriety be employed. If it contains fluid, more or less of it will appear upon the punctured point, while, if the tumor be solid, there will be no escape of this kind; in ether event, important light of a positive character is furnished.

Hypertrophy of Mucous Membrane of the Nose.

Charles B., æt. 11. He has had difficulty in breathing through one nostril since he was five years of age. Examination of the right nostril shows, that there is only a vertical slit between the septum and the inferior turbinated bone, so small that not a great deal of air can pass in between these parts. On the opposite side, there is also a very narrow passage. There is marked enlargement of the anterior extremity of the inferior turbinated bone, and more than ordinary vascularity of the schneiderian membrane. Upon touching the mucous membrane over the turbinated bone, the passage can be widened to the extent of two lines, showing that the mucous membrane is very soft and spongy. This is true of both sides. There is a slight deviation of the septum, but not sufficient to render it proper to remove a portion of it. Sometimes the deviation of the septum to one side is so marked, as to occlude almost entirely the corresponding nostril.

In this case, there is hypertrophy, enlargement or thickening of the mucous membrane, together with a spongy condition; no induration. This state of things frequently occurs in children of a scrofulous habit of body; it is very often associated with enlargement of the tonsils, and of the lymphatic ganglions of the neck, and other parts of the body. Under the influence of repeated attacks of cold, the disease is liable to be aggravated, the parts are habitually inflamed, and ultimately the occlusion of the nostrils may become so great as to interfere very seriously with the respiratory process, compelling the patient to breathe almost entirely by the mouth, in the same manner as when there is great enlargement of the tonsils, or obstruction of the nasal cavities from the existence of polyps.

For this patient the very best application will be a foreign leech to the extremity of the turbinated bone, directly in contact with the enlarged and spongy portion of the schneiderian membrane, in order to produce vascular disgorgement. After the leech bites have healed to some extent in the course of forty-eight hours after they have been applied, a solution of nitrate of silver, ten

grains to the ounce, applied as in inflammation of the eye, will be employed. Internally, he was ordered fifteen drops of the tincture of the chloride of iron, with about one-sixteenth of a grain of bi-chloride of mercury, three times a day. The object to be accomplished by the use of the iron is the increasing of the activity of the circulation in the remote parts of the body; the object of combining with it the bi chloride of mercury is to obtain an antiphlogistic sorbefacient effect. The diet should be plain, simple and nutritious, avoiding the coarser vegetables.

Editorial Department.

Periscope.

Treatment of Croup.

Dr. E. Watson, of Glasgow, has an article on the treatment of the advanced stages of croup, in the *Glasgow Medical Journal*, from which we make the following extract:

"The topical application of solutions of the nitrate of silver, of gradually increasing strength, is a powerful reducer of the irritability of the glottis, but it requires far too much time for its action, even if it were otherwise suitable to cases of exudative inflammation, which I believe it is not. Emetics do certainly act on the glottis, and are such great helps in relaxing it, that they can never be dispensed with, but their operation is only short-lived, and the patient would soon be exhausted by their very frequent employment. The inhalation of chloroform is perhaps the most speedy and powerful relaxer of the glottis at present known, and it may with caution be used in the cases to which I am now referring. It has this advantage, likewise, that its action may be maintained for a much longer time than that of those previously mentioned.

"A few weeks ago, a child of two years old was brought into one of my wards in the Infirmary, in the advanced stage of exudation croup. I thought he was suffering especially from spasm of the glottis, and had him put under the influence of chloroform, in which state his breathing became much fuller and more satisfactory, while both color and heat greatly improved. But the mother, terrified at some mention that had been made of an operation, would not consent to his remaining in the house, and in spite of all our remonstrances, took the child home that same day, I suppose to die. Another good relaxer of the glottis is hot water, with which the vinum belladonnæ may, I think, be usefully mixed, and the best way for applying it is by Siegle's atomizer. In this way the patient is made to inhale the mixture as a spray; and even if he be an infant, the air in his neighborhood may be so impregnated with the vapor that he cannot escape its action. I have seen much advantage from this appliance, both in croup and in other laryngeal states allied to it.

"These agents for relaxing the glottis have a double advantage; for they both gain time, which is so precious in these cases, and they may be alternated with other means, such as emetics, for the expulsion of the false membrane. They are the only relaxers of the glottis, of which I can at present speak from experience; but I do not doubt that when attention is fairly drawn to the subject, other agents will be discovered still more appropriate to the fulfilment of this important end. At all events, that is the direction in which our endeavors ought to point, if we are ever to be able to overcome this formidable feature of advanced croup.

"In those cases of the disease in which suffocation becomes imminent from the supervention of œdema of the aryteno-epiglottidean folds, tracheotomy is often performed, and were it not for the unsound state of the trachea, this would be a successful operation. Indeed, it will be found on a careful examination, that the most of those cases which are reported as successful performances of tracheotomy in croup are cases of œdema glottidis, often without a symptom of exudation at all, or in which the false membrane has been previously expelled, for œdema is apt to occur in the disease after the patient has struggled through its exudation stage. In such circumstances, the obstruction to respiration being at the glottis, tracheotomy relieves with certainty; but I repeat, that if the operation be performed during the exudative inflammation of the trachea, the natural and ordinary result is aggravation of the morbid action, too often to a fatal extent. I also assert, with some confidence, that, in the vast majority of cases, œdema glottidis may be reduced without tracheotomy, by the timely employment of what I think more rational, and certainly much safer measures.

"Thus, for instance, I have in a good many cases of this kind successfully applied a strong solution of nitrate of silver to the œdematous swellings by means of laryngeal sponge-probing, and, whenever this is rightly done, it will be found that there is an almost immediate transudation of serum from the tumor, whereby its

bulk is diminished, and the air permitted to pass more easily through the glottis.

"If, however, the swelling does not yield to this application, or not with sufficient rapidity for the urgency of the case, there is another procedure of more speedy efficacy which should then be practised. I refer to pricking or incising the œdematous parts with the laryngeal lancet;—a measure which I can thoroughly recommend in suitable cases. In the performance of this little and almost bloodless operation the laryngoscope is not always available, either owing to the age or irritability of the patient; and, perhaps, in all cases, the best and safest way of performing it is to steady the tumor with the forefinger of the left hand, and then putting in the lancet, with its blade concealed till it touches the tip of the finger, to protrude the blade by means of the spring in the handle, and so to prick or incise the part as desired. This is not a difficult operation, and I am certain from my experience of it, that it gives relief to the breathing, both speedily and effectually, without incurring any of the dangers of tracheotomy.

"When this operation is required during the exudative stage of croup, I find it useful to follow it with an emetic, by which means all the loosened exudation is expelled, and the full amount of benefit ensured. Much has been said and written of the advantages of particular emetic medicines in croup. But I suppose that the essential quality, desirable in such cases, is speedy action, with as little as possible of depressing effect; and this is abundantly fulfilled by a combination of ipecacuanha powder with sulphate of zinc. In my practice I never prescribe the tartrate of antimony alone as a vomit, especially to a child, but I find that drug useful in cases of croup in almost every stage, when given in small doses, of the wine for instance. I think its effect when thus administered, is chiefly that of soothing, and calling forth a natural moisture upon the lining of the wind-pipe. Since, moreover, the antimony is not used in these advanced cases for its depressing effect, it is not inconsistent to employ it as I have described, while at the same time it may be necessary to support the patient's strength with soups, or even with wine. The inhalation of a spray of warm water from Siegle's atomizer, is often of essential service after lancing the œdematous aryteno-epiglottidean folds. The vapor just acts as a fomentation does to external parts, by soothing its irritability, and reducing congestion.

"In conclusion, I think I may re-state in brief terms, the practical results which, in my opinion, flow from the preceding consideration of this subject.

"1. Tracheotomy should on no account be performed during the exudative stage of croup; for it is either useless in the worst cases, or positively hurtful in those where there is any hope of recovery.

"2. In those cases of advanced croup, in which the spasmodically constricted glottis is the cause of immediate danger, our efforts should be directed towards its relaxation, for which purpose no very satisfactory means are as yet known to us, but perhaps the best are the inhalation of chloroform and the use of Siegle's atomizer, interrupted occasionally by the employment of an emetic.

"3. In those cases in which œdema of the aryteno-epiglottidean folds is the proximate cause of impending apnœa, the swellings should be reduced by the topical application of strong solutions of nitrate of silver, or by the laryngeal lancet.

"4. And lastly, the expulsion of the false membrane from the wind-pipe, the performance of tracheotomy will very seldom be necessary; but if it is required from obstinate disease of the larynx, it will generally prove successful, in striking contrast to the sad results of the operation when performed while the trachea is lined with exudation."

Cancerous Disease of the Œsophagus, with Ulceration into the Bronchi.

Dr. Fisher exhibited before the Chicago Medical Society, (*Chicago Medical Journal, September*, 1867, p. 433,) an instructive specimen of cancerous disease of the œsophagus, implicating both lungs.

The patient, aged fifty-two years, had suffered some time from irritation of the stomach, and difficulty in retaining his food, when, in July, 1866, he sought the advice of Dr. F.

The patient was emaciated, apparently from want of food; for, although his appetite was good, he was unable to swallow. After the passage of a small probang through the obstruction, he was able to swallow liquid, with considerable difficulty, however, for three weeks. Subsequently it was necessary to pass the probang every few days.

During the last five weeks of the patient's life there was increasing difficulty of breathing. There was marked dulness, with crepitant rales; food which he attempted to swallow was coughed up. Patient died early in May, 1867.

An examination revealed the presence of ten

ounces of serous fluid in the right thoracic cavity. The œsophagus was attached to both lungs. There was quite a large opening through its walls into the right bronchus, the contiguous portion of the lung being gangrenous. On the left side there was simply a small communication into the bronchus, with scarcely any disease of the substance of the lung.

The lower portion of the œsophagus, throughout its whole circumference, and to an extent of about four inches in length, was indurated, its sides perforated, and its internal diameter contracted to the size of a quill. The microscope showed the structure of the growth to be malignant.

Gunshot Wound of the Neck. Injury of the Spinal Cord.

The person who sustained this injury was found by Dr. Malone, of Athens, Alabama, (*Atlanta Med. and Sury. Journal*, Sept., 1867, p. 299,) on the fifth day after its occurrence, with the wound of the neck; great pain in and about the part, as well as in the bowels; the latter being extremely so. Pulse 142; extremities cool, and very restless. He died on the fifty-first day, with persistent nausea and dysenteric symptoms.

Four hours after death, an examination revealed that the ball had passed through the lamina of the fourth cervical vertebra, dissevering entirely the laminal attached to the vertebra from the spinal portions, so that the spinal portions of the bone were lying loose in the half-formed sac, around the injured bone. The sheath of the spinal marrow, posteriorly, was cut across, and about four-tenths of the spinal marrow itself was severed. The internal wound, including the sheath of the cord, was filled with an offensive sanious pus, tinged with blood.

Reviews and Book Notices.

The Treatment of Diseases of the Throat and Lungs, by Inhalations, with a new Inhaling apparatus. By Emil Siégle, M. D., Translated from the Second German Edition, by S. Nickles, M. D. Cincinnati: R. W. Carwell & Co., 1868, 1 vol. 12mo., cloth, pp. 136.

Dr. Siégle's name is intimately connected with the popularization of the treatment of diseases by inhalation, and his apparatus is about as satisfactory as any of the numberless designs which have been put on the market. He is an enthusiast, of course, but who ever amounted to much in the world, that was not an enthusiast? We need not expect all from inhalation which he promises. But he promises in good faith.

The short treaties here translated tells all that it is necessary to know on that topic, and though not nearly so complete as Dr. Cohen's, will by its brevity recommend itself to many. The translation seems carefully done, and is printed on tinted paper in clear type.

Siégle's instruments can be obtained of M. Wocher, in Cincinnati.

Annual Abstract of Therapeutics, Materia Medica, Pharmacy and Toxicology, for 1867; followed by an original memoir on Gout, Gravel, and Urinary Calculi; by A. Bouchardat. Translated and edited by M. J. De Rosset, M. D. Philadelphia: Lindsay & Blackiston. 1868. One vol., 12mo., pp. 314. *Price*, $1.50.

The *Annuaire de Therapeutique* of Professor Bouchardat has now reached its twenty-seventh year of existence—quite an age for a medical annual. Its convenient size, brevity of expression, the good judgment manifested in the selection of articles, and not least, the valuable original memoirs with which the distinguished editor has been accustomed to enrich it, have given it a wide popularity. To be sure the range of journals from which the matter is selected, is quite narrow, embracing none but the French and one or two Italian periodicals; but the French have an idea that this comprises about all that are valuable.

The present translation is as a whole well done, and we hope to see future numbers of the *Annuaire* similarly placed before our professional brethren. The translator might with propriety in the next number, be a little more faithful to the original. In the article we have compared, we have noted several passages where the meaning of the original is not fully conveyed. For instance "l'alcoolé de guaco" is not "guaco alcohol" but tincture of guaco, and in the article on the *Atractylis gummifera*, a poison known to the Arab women, Bouchardat's authority says, "nous savons par expérience, que, pour la plupart, elles seraient capables, par zèle religieux, d'en recommander l'usage à des chrétiens," that is, as a food, to kill them. This is very loosely rendered "yet we know that, through their religious zeal, they have much to communicate." This is careless.

The French measures are reduced to apothecaries' weight, and occasional notes are added which will be found to be of service to American readers.

Medical and Surgical Reporter.

PHILADELPHIA, JANUARY 25, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

ADVANCE PAYMENT!

We would remind subscribers that henceforth we must insist on ADVANCE PAYMENT. Consequently, we shall very soon cease sending the REPORTER to those who do not indicate their desire to continue taking it by communicating with us. We have now many thousand dollars due us on old subscriptions, and for the past several months, have wasted much time and money in trying to settle up these accounts. We must avoid this in the future, and the *only* way to do it is to conduct the REPORTER on the cash principle, just as our great succestful daily papers and literary magazines are conducted. We will then know just where we are, and not be at the weekly expense of printing and sending out copies for which we have to pay, though we may never receive anything for them. For some time past we have been shortening our credits; now we propose to cut them off.

We anticipate only good results from this determination, and feel sure that all our subscribers will see that the advantage of such an arrangement will be mutual.

☞ In accordance with the above announcement, with this number we cease sending the REPORTER to those subscribers who have failed to remit for the current year. We regret to do so—but justice to ourselves and our enterprise, compel us to adopt that course, which, in the experience of all journalists, has proved to be only sound basis on which to conduct business.

PENNSYLVANIA HOSPITAL REPORTS.

We have previously announced the appearance of this valuable volume of essays on practical medicine. It is, we hope, the first step in a regular series of annual reports, not only from the Pennsylvania Hospital, but from all the great hospitals of our country. Such institutions offer facilities for the study of disease, and the judicious application of therapeutical agents, to which the widest practice cannot attain. The trial of new methods, new apparatus, and new remedies, finds in hospital wards its appropriate sphere, and that minute observation of the progress of disease is there possible which would not be permitted, and if permitted, would be impracticable in private practice.

Compared with the similar volumes issued, for example, by the great London Hospitals, this volume will be found to be in every respect worthy to serve as a model for like publications in future. It commences with a historical sketch of the Pennsylvania Hospital, by the venerable Professor CHARLES D. MEIGS, in which it is manifest that age has not withered the ancient vigor of his pen, nor touched the sense of humor which has entertained, while instructing, so many thousand students in the halls of the Jefferson College.

Of the twenty-three articles which make up the volume, there is about an equal number on medicine and on surgery. One of the most noteworthy of the latter, is an essay on acupressure, by Dr. ADDINELL HEWSON, in which he speaks in the most favorable terms of this mode of arresting hemorrhage, both as it reduces the risks of operations and hastens convalescence. So unexpected indeed has been his success in these respects, that with a prudence which will not pass unappreciated, he hesitates to accept his results as a fair exhibit of the general adoption of this procedure.

The same well-known surgeon contributes a second article "On the use of Paper for Surgical Dressings," which we recommend to the attention of all interested in the economical management of surgical wards. Dr D. HAYES AGNEW has a valuable practical treatise on the history and treatment of laceration of the female perineum, well illustrated, and most instructive. A statistical account of the cases of amputation in the hospital for the decade, 1850—1860, by Dr. G. W. NORRIS; a review of the ligation of large arteries between 1835 and 1868, by Dr. T. G. MORTON; and some notes on special cases, will be perused with interest by every surgeon.

The principal articles on practice are, "On the Morphological Changes of the Blood in Malarial Fever, with Remarks upon Treatment," by Dr. J. F. MEIGS; "On the Treatment of Continued Fevers," by Dr. W. W. GERHARD; "A Contribution to the Histotory of Toxæmia," by Dr. WILLIAM HUNT, who derives his knowledge from three very uncomfortable experiences of his own, and writes a very suggestive memoir; "Cases of Progressive Locomotor Ataxia," by Dr. J. H. HUTCHINSON; "Heat Fever (Sunstroke) by

Dr. J. J. Levick," and "On Wry Neck and its treatment," by Dr. J. DaCosta.

The last mentioned writer has also a contribution entitled, "Observations on the Action of Narcein." After a very careful trial of that alkaloid, he pronounces it inert, and doubts the alleged benefits which some have supposed to derive from its employment.

In the domain of physiology, the most note worthy paper is one by Dr. Edward Rhoads, and Dr. William Pepper, on the pathological changes which take place in the fluorescence of tissues under the influence of malarial miasms. This novel question is examined with care, and with results that promise much for the future, when it shall have been fully investigated.

In concluding our notes on this valuable work, we wish to urge upon our readers, the duty on their part of encouraging the regular appearance of such contributions to medical knowledge, by purchasing it. Such a course will, as Portia says of mercy, bless both him that gives, and him who receives, as our hasty analysis must show.

"THE UNIVERSITY."

The impertinence of the lecturers and students of a very pretentious institution in this city, which is "run" as an advertising dodge by a number of very ordinary advertising doctors, in talking largely of their "university," its lectures, class, and clinics, is, to say the least, very refreshing!

It is said that the chief luminary of this concern—around whom revolve a number of lesser satellites—boasts that he carries the charters of several medical colleges in his pocket, and that he claims to hold from the State Legislature the charter of an institution under the name of "The Philadelphia University of Medicine and Surgery." This being the case, we say unhesitatingly, that the Legislature has committed a great wrong in thus chartering as a *University*, a venture, which can lay no claim whatever to such a title, and especially so in granting it under a name by which it may easily be confounded with a venerable institution which possesses all the attributes of a University, and which has for a century been an honor to our city and state. It is evident that unscrupulous men have it in their power if they choose, to take advantage of the similarity of title, to injure the name and fame of the original and true University, so long and so justly the pride of our city.

Whether or not it was the intention, certain it is, that the effect of diligent advertising in the newspapers throughout the South and West during the past year, of this concern, which aspires to the dignity of a university, has been, we are informed, to inveigle some students into procuring its tickets, who supposed that they were entering our well-known University which has earned a character and reputation, with which we respectfully submit, our Legislature had no right to trifle. Can it do less than revise its action?

The AMERICAN MEDICAL ASSOCIATION.

The time is not far distant when the American Medical Association will meet in the city of Washington. We trust that its session will be the most important it has ever held. If the regulations adopted at the last meeting are carried out, the time of the Association will be much less taken up in feasting and revelry than has been the case hitherto, while sufficient, we trust, will be given to social reunion not to deprive the meeting of that important and indispensable feature.

We anticipate, also, excellent results from the plan adopted to meet in Washington every other year. The effect of this will be to give the Association an abiding-place, where may be accumulated its archives and collections, which, in course of time, may be made very valuable.

There are certain suggestions that we take the liberty of making, which we bring to the notice of the profession thus early, that they may receive such thought and attention as they may deserve.

1. We would suggest an alteration in the mode of electing the President, and perhaps other officers of the Association. The election should be by ballot. Let such officers as it may be thought best to elect in this way be nominated in open convention, a

limited number of nominations being allowed—say five or ten, for President—and that one chosen who shall receive the largest number of all the ballots. This will give a fairer expression of the wishes of the profession than the present method of taking the candidate proposed by the Committee on Nominations, and temper the rivalry between the partisans of local candidates, which, on two or three occasions, has come very near causing trouble in the Association. By this plan we will be much more likely, than by the present one, to confer this distinguished honor on those most worthy of it. Fortunately, local jealousies have, on two or three occasions, enabled us to place in this position, men of distinction, who otherwise might never have occupied it.

2. We would suggest the formation, at the city of Washington, of a nucleus for a Library and Pathological collection. This would in time become very extensive and valuable to the profession, and, with the Army Medical Museum and Library, afford an inexhaustible field for research by the medical student, scholar, and author.

3. We would suggest the establishment of a liberal fund to encourage experimental research. Many of the experiments and investigations in connection with medical science are very costly, and few who have the will, have the pecuniary ability to enter upon such experimental investigations.

4. The publication of a daily journal of proceedings would greatly facilitate the labors of the Association, and save much time.

5. As money is an indispensable requisite to insure the success of any enterprise, the financial problem of the Association should be solved in such a manner as to insure a large income, which should, of course, be judiciously applied to furthering the objects for which the Association was organized.

6. We trust that some step will be taken by the Association to provide a STANDARD DEGREE IN MEDICINE for our profession. Our State Legislatures charter so many institutions of all kinds, which are empowered to confer the degree of *Medicinæ Doctor*, that it has come to be a farce, and no evidence whatever of the attainments or standing of any one as a physician. This we regard as a subject of great importance, and shall return to its discussion again, or rather, revive our former deliverances on the subject.

Let the profession of every part of the country be fully represented at Washington next May, and as the Association has resolved that henceforth it shall meet for work, and not simply for pleasure, let the delegates come prepared accordingly.

Notes and Comments.

Encouraging.

As will be seen by reference to our list of communications received, the business of our office is in a very healthy condition. Indeed, it much exceeds our anticipations, as, in consequence of the healthiness of the past season, and the scarcity of money, we had expected a great falling off of income. The number of subscriptions renewed, and the addition of new names to our list, fully equals, if it does not exceed, that of any former year. We hope that our friends will still be active in extending our circulation.

Foreign Exchanges.

We have recently effected an arrangement by which we shall be in the regular receipt of all the most important medical journals of Europe, which will enable us to add still more to the value of the REPORTER.

A New Hospital in New York.

We learn that a project is on foot to establish in the city of New York, a new first class hospital, under Presbyterian auspices. It is engineered by JAMES LENOX, Esq, and other substantial men of the various branches of the Presbyterian Church in New York, and a fund of $200,000 has already been secured. In the hands of such men, it cannot, of course, fail; and we trust that a hospital will be founded which shall be as great a credit to that denomination, and to the city of New York, as St. Luke's Hospital is to the Episcopalians.

In this city the Roman Catholics have St. Joseph's Hospital, and the Episcopalians the Episcopal Hospital, both first class institutions. Why should not the Presbyterian denominations here, which are numerous and wealthy, emulate their example?

Change of Sex.

Our New York weekly cotemporary, the *Medical Gazette*, quotes from a non-medical source, an extraordinary story about a young lady, who married, had a child, and then commenced to manifest whiskers, a rough voice, "and other more indisputable physical changes of sex." This story it prefaces with the remark that, "Apparent changes of sex about the time of puberty are not very uncommon, and many physicians have seen such cases." It attributes them to previous defective development. But what does this sentence mean? Surely not that many physicians have witnessed either physical or psychical changes in the least analogous to those alleged in the story in question?

Has not the *Gazette*, as Homer is said sometimes to have done, nodded a little in making such an unusual statement?

Homœopathy Defined.

Dr. O. W. Holmes, in his *Currents and Counter Currents in Medical Scienee*, defines homœopathy to be "*sugar of milk with a nomenclature.*" In his late introductory address at the opening of the course of the Massachusetts Medical College. he declares it has at length become "*encysted*, and in that condition is easily carried on the body medical like an old wen."

"Then and Now."

The Introductory Address of Professor Gross, under the above title, delivered before the Jefferson Medical College, at the opening of the present session, a small edition of which was published by the class, has attracted much attention, and there has been so great a demand for it, that it was impossible to supply it.

We take pleasure in announcing that we shall commence its republication in our next, and expect to give it complete in three numbers. Its subject is the progress of medicine and surgery.

Infanticide in New York.

We would fain hope that the following item, which we clip from the New York *Tribune*, is an "exaggeration of the truth;" but with the indorsement of *three* New York papers, we simply place the facts before our readers—if they are facts:

"'Found drowned' is oftener seen on the police records, as we plunge deeper into this dismal winter of retrenchment. *The Examiner and Chronicle* says that mothers make way with their offspring rather than see them starve. 'Drowning is, they say, an easier death than wasting away of hunger and cold; and when once this idea gets possession of them, it works in their brain until it drives them mad, and in this delirium they fling their little pinched and crying babes into the broad, deep river. No more hungering after that. Babe and mother are both relieved, the one of suffering, the other of a burden.' *The Sunday Times*, on this self same subject, says that children are flung away in the streets of New York like cigar-stumps."

Where Specialism Tends.

A Homœopathic journal, which we occasionally see, spares enough of its space to give room under the title—"The Way the 'Regulars' do it," to the following circular, sent to most medical men. We do confess a hit, a palpable hit, and we beg in this connection to remind our readers of the stand the Reporter has always taken against specialists and specialist instruction.

To Medical Men Only.

CIRCULAR.

Dr. —— ——, of ——, Mass., having studied the principles and practice of *Laryngoscopy* for nearly ten years, and having been with Czermak in Paris, and Semeleder in Vienna, at the suggestion of Profs. George B. Wood, S. D. Gross, H. H. and F. Gurney Smith, of Philadelphia, and Dr. Louis Elsberg, of New York, has the pleasure to announce to the Medical Profession of Boston and vicinity, that he has opened an office for the purpose of attempting the diagnosis and treatment of all affections requiring the use of the *Laryngoscope and Rhinoscope*, at

No. 13 —— ——, Boston.

(no sign on door.)

He demonstrates at will by Auto-Laryngoscopy the living larynx in situ naturali, and by Auto-Rhinoscopy, the Posterior Nares, viz.: the Turbinated Bones, the orifices of the Eustachian Tubes, and the crypts at the orifices of the Lachrymal Ducts.

He also is prepared to lecture before medical societies and schools, and show his larynx to large numbers of persons whenever it is proper. Lately in Philadelphia he exhibited to about five hundred persons in one day.

Also in preparation an original work, by which he hopes to make the principles and practice of Laryngoscopy and Rhinoscopy plain, and within the reach of the mass of the profession, inasmuch as he has simplified the art by practical inventions purely his own.

☞ CONSULTATIONS ATTENDED IN NEW ENGLAND. ☜

Hours for consultation at office:

(SUNDAYS, NOT IN TOWN.)

WEEK DAYS, 8 *a.m. to* 12 *m.*

P. S.—Please remember the number, No. 13 —— ——, Boston, and also that there is no sign on door or in window. ***

Boston, 13 —— ——,
January 1st, 1866.

We have no other remarks to make on this,

than that we do not believe for a moment that any of the highly respected gentlemen mentioned gave either sanction or permission for this use of their names.

Philadelphia College of Pharmacy.

The Philadelphia College of Pharmacy appeals to those engaged in the drug business, and to all interested in the professions of Pharmacy and Medicine, for aid in the erection of a new College Building.

It is the design to erect a building which, besides ample accommodations for the classes in attendance on the lectures, will contain suitable apartments for library and reading room, and for the museum, which has already outgrown the space provided for it; also an ample assembly room, in which the members of the College and strangers visiting the city may meet for consultation, and for social and professional intercourse. It will offer a place where specimens and newly discovered processes and apparatus may be shown, and where occasional lectures of general interest may be given. By having a resident janitor on the premises, admission can be obtained at all hours, and the several apartments can always be kept in readiness for their appropriate uses.

Among the recent evidences of interest in the institution was a legacy of $1000 by one of its earliest members, ALGERNON S. ROBERTS, Esq., to be appropriated to increasing the library and apparatus for instruction; this, with the already considerable collection of standard and serial works, makes the library a valuable feature of College.

A leading design is the location in the new building of a practical laboratory, for experiment and instruction. The Alumni of the College have already subscribed several thousand dollars, part of which has been collected and invested at interest, for the establishment of such a laboratory, but it was appropriately postponed till more suitable apartments could be procured.

☞ We should think that it would be to the interest of Prof. WEBER, and the Faculty of the Charity Hospital Medical College in Cleveland, Ohio, if a stop could be put to the clinical reports that are being "done" by some admiring student for the daily papers of that city. It is ridiculous to tell the public that operations were performed for sarcocele, "opthalmia" (*sic*), strabismus, "lapus (*sic*) vulgaris," phlegmasia dolens, of rhinoplasty, etc., etc. What's the price of this chap? Can't he be bought?

☞ DR. JOHN H. GRISCOM, of New York, proposes soon to publish a useful work entitled, "*The Biographic and Photographic* FAMILY RECORD; arranged for recording in detail, the Personal Incidents of each member of the Family." The price will not exceed $2.00. Those wishing to subscribe, can address Dr. GRISCOM, in New York city.

☞ In reply to numerous inquiries, we would announce that Prof. GROSS' recent eulogium on the late Dr. VALENTINE MOTT is in press, and will soon be issued.

Correspondence.

FOREIGN.

LETTER FROM PARIS.

Cirsoid Arterial Tumors.

PARIS, Dec. 22, 1867.

M. GOSSELIN, the distinguished surgeon at La Charité, who has recently replaced VELPEAU, contributes to the *Archives of Medicine*, a memoir upon cirsoid arterial tumors. By this name is designated a species of vascular tumor, caused by dilatation of ARTERIOLES, and requiring to be separated, both from nævi, or the erectile tumor composed of dilated capillaries; and from aneurisms, or dilatations of arterial trunks.

The name CIRSOID is the invention of M. ROBIN, and is derived from the Greek χφσὸς, varix, and ὡοεἰδ, form. It signifies, therefore, a tumor constituted by an agglomeration of arteries which has the appearance of a varicose mass. M. GOSSELIN has observed three cases of this species of tumors, of which one, (the only case on record,) was situated on one of the lower limbs; the other two on the forehead or temple, the more usual locality. The pulsatile vessels were distinct from the skin, and belonged to the subcutaneous cellular tissue. They were large, flexuous, and generally formed an agglomerated mass, soft and easily depressible by the hand. By such pressure, the blood would be forced entirely out of the tumor, and the pulsations be arrested.

In certain cases where the tumor is composed of arterial branches not yet arrived at their last degree of tensity, these are more isolated from each other, and constitute, instead of an agglomerated mass, an assemblage of varicose vessels. These last are much less dangerous than the other, because, they do not, like the former variety, raise the skin or adhere to it, and deter-

mine ulcerations which may be followed by fatal hæmorrhage.

Both kinds of tumors, however, are almost exclusively composed of blood vessels, united by the smallest possible quantity of cellular tissue.

In a tumor examined by Robin, numerous veins were found in addition to the arterioles, so that the lesion may be said to resemble an arterio-venous aneurism.

The cirsoid tumors are sometimes congenital; and sometimes develope on the base of a congenital nævus, but it is rare that the attention of the patient is attracted toward them before the age of eighteen or twenty. It is impossible to find any cause for this production, more precise than a general aptitude for dilatation manifested by the arterial system.

The first symptoms of the tumor generally pass unnoticed, and the second consists almost entirely in physical signs. Neither pain, heat, embarrassment in movement, nor inflammatory complication, suggest to the patient the progress of a lesion, that may nevertheless, at any moment, determine his sudden death.

At the time that the physician is consulted for the tumor, it is not yet voluminous, but sufficiently prominent to be readily distinguished. It is round, but not distinctly circumscribed; the central portion is the most prominent, and the periphery is insensibly confounded with the neighboring parts; the surface is often vasselated as if lobulated; pulsations are distinctly perceived, unless too strong a pressure be exercised; a blowing sound is heard on auscultation, sometimes continued, as in ordinary aneurism, sometimes with systolic redoublement, as in varicose aneurism.

There are no general symptoms that belong to the presence of the tumor. But if, as already mentioned, ulceration of the skin takes place, and the patient becomes subject to repeated hæmorrhage, more or less profuse or profound anemia may ensue with all its consequences.

The diagnosis, after the recognition of pulsation in the tumor, must be established: 1st, from an ordinary arterial aneurism. But the aneurism occupies arterial trunks of the first or second order, instead of fine arterioles; has a wall, rigid, resistant, often incompressible, and finally constitutes a tumor unique, instead of multilobular. 2d, from a varicose aneurism, with which the redoubled blowing sound perceived over the cirsoid tumor creates a resemblance. But the cirsoid tumor is developed in localities where both arteries and veins are too small to form varicose aneurisms; it is vasselated instead of being uniform and elongated; finally, it has not been preceded by a traumatic lesion, as is generally the case with varicose aneurisms. 3d, from an encephaloma, which resembles the tumor in question by its habitual situation on the confines of the cranium and face, in being pulsatile and reducible, and in giving rise to a blowing sound on auscultation. The encephaloma, however, is more distinctly circumscribed, does not give to the hand any sensation of varicosities, and its pulsations can only be modified by the compression of both carotids, and even then are presently renewed, being maintained by the current of blood in the vertebral arteries. Finally, encephaloma is almost always found in children, cirsoid tumors are not discovered, even when they exist before adolescence.

The prognosis of these tumors is grave if they be allowed to remain and extend, and it behoves the surgeon to proceed to their destruction as speedily as possible. M. Gosselin rejects three operations that hitherto have been proposed for the cure of cirsoid tumors. These are, 1st. Ligature of all the arterial branches which carry blood to the tumor. 2d. Ligature of the principal trunks, of one or both carotids! 3d. Complete ablation of the tumor by the bistoury after previous ligature of the arteries which nourish it with blood.

For these grave and compromising procedures M. Gosselin substitutes repeated injections with perchloride of iron.

For the success of this method, it is necessary, 1st, to temporarily arrest the circulation in the tumors, by compression of the carotid, in order to give the perchloride time to coagulate the blood, and prevent its being carried away in the current. 2d. To employ such a solution as shall not incur the risk of subsequent suppuration.

The operation is performed as follows: Two assistants place their fingers on the carotid, so as to completely arrest the circulation, and are warned that the pressure must be maintained during ten minutes. The hypodermic syringe, previously ascertained to be in perfect working order, is filled with the solution, and the canula passed through the canula of the little trocar. Care is taken that the tumor be not compressed so that it shall remain full of blood. The trocar is then plunged in one of the points on the periphery of the tumor, to the extent of five or six millimetres, and about six drops of liquid are injected, with as many half turns of the piston. The surgeon then presses lightly on the tumor in order to disseminate the perchloride. The

canula is left inserted during the ten minutes of pressure on the carotids, so that none of the liquid or uncoagulated blood may escape.

Some minutes after the injection, the patient complains of sharp pains in the tumor, which usually last from five to eight hours; during this period the tumor gradually hardens, and the pulsations diminish, beginning with the point where the injection had been used. It is necessary to repeat the injections several times, at intervals of ten or fifteen days, before a complete cure be obtained. In one case, the occurrence of a violent hemorrhage during the hardening process, determined the surgeon to employ the actual cautery. The tumor occupied the middle of the leg, and the femoral artery was acupressed during the cauterization.

Coxalgia Complicated by Enlargement of the Cotyloid Cavity.

In the service of M. Gosselin, at this moment, is a patient whose case furnished the theme of a most interesting clinical lecture yesterday. A woman 54 years old, who had borne three healthy children, and never presented signs of either hysteria or scrofula, entered the hospital on account of symptoms much resembling coxalgia. Six months previous, without the occurrence of any traumatic accident, she had commenced to limp and to suffer pain in the right hip, which continually increased in severity. At the moment of entrance into the hospital, the patient was unable to stand or even to turn over in bed, without assistance. Decubitus dorsal, outward rotation of the right leg, which was shortened by three centimetres. No tumor, however, existed near the articulation, and it was impossible to discover the head of the femur, although the great trochanter could be felt distinctly.

The difficulty in the diagnosis was principally occasioned by the fact of the outward rotation and the shortening of the limb, which suggested an iliac luxation. In such case, however, the head of the femur should have been apparent, while with the patient in question, it could not be found at all. In spontaneous fracture of the neck of the bone, the rotation would have been inward, and preceded by brusque and definite symptoms, whereas, the disease had come on gradually. The patient, moreover, was not old enough to be liable to such an accident, while, on the other hand, she was too old for hysterical contractions of the muscles. In fact, everything pointed to coxalgia except the circumstances of outward rotation and shortening, which seemed to contradict it. To explain the apparent anomaly, M. Gosselin related a case, in which an iliac luxation of the head of the femur had been diagnosed during life, while the autopsy revealed an immense enlargement of the cotyloid cavity, from resorption consequent on a coxalgia. The head was, therefore, loose in the cavity, and its retreating backward and outward was sufficient to cause the outward rotation of the limb, even without any escape from the articulation. M. Gosselin was inclined to believe that a similar state of things existed in the present case, and therefore posed as diagnostic, coxalgia complicated by enlargement of the cotyloid cavity.

[To be continued.]

News and Miscellany.

Schuylkill County Medical Society.

At a regular quarterly meeting of this Society, held at the Council Chamber of the Borough of Pottsville, January 1st, 1868, the following named officers were elected to serve the ensuing year:

President—J. F. Treichler, M. D., of McKeansburg; *Vice-President*—J. C. McWilliams, M. D., of New Castle; *Recording Secretary*—C. T. Palmer, M. D., of Pottsville; *Corresponding Secretary*—J. G. Koehler, M. D., of Schuylkill Haven; *Treasurer*—D. W. Bland, M. D., of Pottsville.

—— Antidote for External Poisoning by Cyanide of Potassium. This substance is extensively used in electroplating and other arts, where its external poisoning effects produce many painful and troublesome ulcers on the hands of the workmen. The foreman of the gilding department of the American Watch Works writes to the Boston *Journal of Chemistry*, that experience has taught him the most effectual remedy that can be employed in such cases, which is the proto-sulphate of iron in fine powder, rubbed up with raw linseed oil.

—— The Danville, (Virginia) *Register* says:—We are pained to learn that Dr. J. W. Leftwich, a young physician, who resided in the neighborhood of Peytonsburg, in this county, came to a very sad and sudden death on Tuesday last. He was riding along the road with a young friend named Oliver, who carried a rifle. The hammer of the lock to the rifle caught in a limb, and caused the discharge of the piece, the ball entering Dr. Leftwich's back and coming out near the heart. He expired in a few moments, and did not speak after he was shot.

—— At a meeting of Physicians and Surgeons in attendance upon Professor H. R. Storer's second private course of lectures on the surgical diseases of women, at Hotel Pelham, Boston, resolutions were unanimously adopted in support of the course of Dr. Storer, in lecturing on specialties and affording the means of understanding better, and treating more skilfully, those diseases which are so often the unrecognized cause of suffering and death.

CHANGES IN THE NAVY.

List of changes, etc., in the Medical Corps of the Navy, during the week ending January 18, 1868:

Surgeon W. S. W. Ruschenberger, ordered to duty as President of Naval Medical Board of Examiners, Philadelphia.

Surgeons L. B. Hunter and Wm. Grier, as members of said Board; and Surgeon T. J. Turner as Recorder.

Passed Assistant Surgeon D. McMurtrie, ordered to the U. S. Ship Wampanoag.

Assistant Surgeon Geo. S. Culbreth, ordered to the U. S. Ship Wampanoag.

Acting Passed Assistant Surgeon S. P. Boyer, detached from U. S. Ship Wampanoag.

Assistant Surgeon Robt. Redington, detached from the U. S. Ship Guard.

Assistant Surgeon F. W. Wunderlich, ordered to U. S. Ship Guard.

Passed Assistant Surgeon Edw. Kershner, ordered to duty on board U. S. Receiving Ship "Vermont," New York.

Acting Assistant Surgeon C. W. Knight, detached from the U. S. Ship "Yantic."

[*Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.*]

MARRIED.

Agnew—Smith.—On the 24th of December, by the Rev. I. N. Hays, Henry Agnew, M. D., of Shermansdale, Perry co., Pa., and Miss Virginia E., daughter of W. L. Smith, Esq., of Orrtown, Pa.

Bickford—Allen.—In Dresden, Me., Lewis L. Bickford and M. Avie, daughter of H. G. Allen, M. D.

Buck—Clark.—Jan. 15th, by the Rev. Mr. Norris, at the residence of the bride's father, Theo. F. Buck, of this city, and Mary B. Clark, daughter of Dr. Clark, of Woodbury, N. J.

Christie—Canfield.—On Tuesday, Dec. 17th, 1867, by the Rev. Jos. Nesbitt, P. M. Christie, D. D. S., and Miss Hattie J. Canfield, eldest daughter of the late Dr. Ira D. Canfield, all of Lock Haven, Pa.

Cole—Viele.—Jan. 8th, at the First Presbyterian Church, Waterford, N. Y., by Rev. Dr. Wm. A. Scott, of New York, assisted by Rev. A. T. Pierson, Dr. Edgar B. Cole, of Waterford, and Hattie N., daughter of Stephen Viele, Esq., of New York.

Crew—Leonard.—At Batavia, Ohio, Jan. 5th, by the Rev. H. A. Middleton, Dr. S. B. Crew, of Shelbyvillle, Ind., and Miss Fannie Leonard, of Batavia.

Walters—White.—Dec. 5, by the Rev. N. S. Lowrie, R. Wilson Walters, M. D., of Chagrin Falls, Ohio, and Miss Sarah F. White.

DIED.

Adams.—In Carmel, N. Y., Dec. 30th, Sarah, wife of Dr. J. Q. Adams, formerly of Cavendish, Vt., aged 40 years and 11 months.

Dingee.—At Newportville, Pa., Dec. 23d, 1867, Lizzie, wife of Dr. Richard Dingee, in the 24th year of her age.

Hays.—In Williamsburg, N. Y., Jan. 11, Laura Hester, wife of Wm. L. Hays, M. D.

Noyes.—In New York, Jan. 17th, Isabella, wife of Henry D. Noyes, M. D., and daughter of the late John Bevridge, of Newburgh.

Watts.—In New York, Jan. 13, Charlotte Deas, widow of the late Robert Watts, M. D., of that city.

ANSWERS TO CORRESPONDENTS.

Dr. C. H. H., of Ky.—The case of chronic diarrhœa in a child, which has been so obstinate and resisted all treatment, we would suggest that you treat with large doses of subnitrate of bismuth, commencing with ℥ss. a day, and increasing ℥j. daily, until ℥j. a day is taken. This has succeeded in some remarkably resistant instances.

Dr. J. F. W., of Pa.—"Would you have the kindness to procure for me a medical work, published at Berlin in Germany, by John Gottfried Rademacher, in either the German or English language, entitled, "Erfahrungsheillehre der alten Scheidekunstigen Geheimarzle?" We have sent for it to Leipzic.

Dr. J. S. L., of Ills.—"Is Flint on Practice, the best work out, and what is its price?" We cannot say it is the best. In our opinion, Dr. Flint is too much of a nihilist. But this is matter of opinion only. It costs $7.00.

METEOROLOGY.

January.	6,	7,	8,	9,	10,	11,	12.
Wind.....	S. W.	N. E.	N.	N. W.	N. W.	N. W.	N. W.
Weather....	Cl'dy.	Cl'dy. Rain.	Cl'dy.	Clear. Snow.	Clear.	Clear	Clear.
Depth Rain..		4-10					
Thermometer.							
Minimum.....	16°	20°	30°	26°	4°	12°	8°
At 8, A. M.....	29	33	35	34	13	22	16
At 12, M.....	33	36	36	28	21	32	22
At 3, P. M.....	35	37	36	28	23	33	22
Mean.....	25.75	31.50	34 25	29.	15.25	24.75	17.
Barometer.							
At 12, M.....	30.4	30.1	30.	30.	30.1	30.	30.3

Germantown, Pa. B. J. Leedom.

A GRADUATE OF THE UNIVERSITY OF Pennsylvania, of five years standing, who has had considerable experience, both in hospital and private practice, desires to enter into partnership with an established physician, or would purchase a practice, if the same could be had upon reasonable terms.

Apply at the Medical Transfer Agency. 569—t.f.

FOR SALE.

Case of Amputating Instruments, brass bound, rosewood. Price $20.00.

Case of Trephining Instruments, brass bound, rosewood. Price $15.00.

Case of Obstetrical Instruments, morocco, new. Price $12.00.

All in good order. To be seen at office of Reporter. Sent on receipt of price. Address, A. B. C., care Medical and Surgical Reporter, 115 South 7th Street, Philadelphia, Pa. 569—2t.

BROOKLYN PRACTICE WANTED.

A married physician of experience desires to obtain an established practice in Brooklyn, New York.

Address this office. 568—4t.

THE

MEDICAL AND SURGICAL REPORTER.

No. 570.] PHILADELPHIA, FEB. 1, 1868. [Vol. XVIII.—No. 5.

Original Department.

Communications.

"TRANSPARENT TREATMENT."

A NEW INVENTION FOR THE CURE OF BURNS AND OTHER AFFECTIONS OF THE EXTREMITIES.

By Samuel W. Francis, M. D.,

(Fellow of the New York Academy of Medicine.)

The accompanying drawing and description of a new apparatus, invented by me, is for the treatment of burns and other affections of the extremities, and which may prove of benefit to the profession.

As may be seen by the engraving, the scalded arm is placed at once in the glass glove; each finger finding its own division, which, though separate, is joined externally like a mitten, to prevent breakage; and water dressings, lime water, or kreasote water, etc., allowed to flow in from the upper stop cock; an india rubber band or its equivalent preventing its exit. By this means every portion is effectually bathed in the fluid used, and the attending physician is enabled to examine, at all times, the injured member without disturbing it, or exposing the surfaces to the action of the air. If it be desirable at any moment to draw off the water, etc., by turning the stop-cock at the end of the little finger, it at once flows freely. Glass can be made sufficiently strong to prevent its being broken by ordinary usage, as it is very desirable that the limb be kept still. Three sizes would fit almost any grown patient, and for children, a smaller arm could be in readiness.

I claim, moreover, that by the use of this glove, or boot, if it be the leg that is injured, water or its equivalent could be forced in by a pump, with sufficient power to produce pressure, which at times is very desirable.

Besides this, a new plan of treatment could be adopted which might at first seem beyond reason. I speak of introducing gases, vapors and their equivalents for the cure of burns, ulcers, and similar affections. Many arms are materially injured by the adhesion of the bandages to the sores, and not infrequently sphacelation is found to have commenced upon the surgeon's removing the covering from a flayed hand. These and many other thoughts arise in connection with the benefit of this "transparent treatment," but enough has been said for practical purposes, and I would feel grateful to hear the result of any case that has been submitted to this plan, which admits of many modifications.

Newport, R. I., Nov. 25, 1867.

A NEW METHOD OF ARTERIAL COMPRESSION BY A SECTIONAL LIGATURE.

More especially Designed for the Treatment of Aneurisms.

Read before the N. Y. Journal Association, Dec. 13, 1867.

By R. E. Van Gieson, M.D.,

Of Greenpoint, New York.

It is not necessary, in the few remarks that I shall make concerning what I believe to be a new method of arterial compression, to give in detail the various methods that have hitherto been employed for the restraining of hæmorrhage from accidental or surgical wounds, but in accordance with the established custom of the Association, it would, perhaps, be not inappropriate to give a very brief resumé of the more recent methods which have been, from time to time, recommended and applied. Up to the present time, the various means employed for this purpose can very concisely be included under three heads.

1st. Antedating the time of Ambrose Paré, the method of styptics and escharotics.

2d. Dating from the time of Paré, the ligature with all its subsequent modifications, as to material and method of application.

3d. Dating from the discovery of Sir James Simpson, the method called by him acupressure.

Of the first two divisions, it is foreign to our purpose to speak.

The paper of Sir James Simpson upon the subject of acupressure was presented at the first winter meeting of the Royal Society of Edinburgh, held on Monday, the 19th of December, 1859. The proof-sheets of that communication were sent by the author to Prof. George T. Elliot, and by the latter read before the Academy of Medicine, at the meeting of January 19th, 1860, and published in the proceedings of the Academy in the Medical and Surgical Reporter for January, 28th, 1860, a little more than a month after the illustrious author had first made known his now celebrated method, and in this way was first brought to the notice of the profession in America.

In publishing these proceedings, the following repertorial note was made.

"Dr. Simpson's paper will probably be made the subject of a future discussion in the Academy, and meanwhile, the profession have an opportunity to put his mode to the test. *Theoretically*, we could raise various objections against the application of acupressure, the chief of which is that it can never be employed in large arteries, as the femoral, etc., without subjecting the accompanying nerve, as well as the veins, to nearly the same amount of pressure as the artery sustains; and it is questionable whether the advantage gained from the pressure upon the artery by this means will not be overbalanced by the disadvantages from pressure upon the nerve, and the impediment to the return of blood by the pressure upon the vein. All this, however, must be determined by clinical observations." The opinion which I then ventured to express, has not been materially altered by the many results which have been published up to the present time. I am not aware that American surgeons have, as a rule, been able to report as favorable results from this method as the immediate adherents of its author. The results of Dr. Hutchinson, given at one of the recent meetings of the Pathological Society, were certainly not such as would induce one to repeat the operation. In one of his cases, the stump became so swollen in the course of forty-eight hours, that he was obliged to loosen the sutures, and when he did so, bloody serum and pus oozed from the wound. In the other case, about a drachm of blood escaped when one of the needles was removed. At the same meeting, Dr. Markoe's language was strongly condemnatory. He said that he had used the method in two cases, in conjunction with Dr. Van Buren, and that it was attended with so much irritation and suppuration, that he was disgusted with it altogether, and had never since repeated the operation. Acupressure, whether as successful as its author claims, or not, marks the transition from the idea of total or partial constriction of an artery to that of total or partial compression.

Modified Acupressure.

Mr. John Dix, of Hull, in 1862, proposed a modification of Simpson's method, which

he calls the wire compress. The method consists in placing a wire beneath the isolated artery, bringing the ends outward through the surrounding integument, and then bringing the ends over a needle or probe. He relates a case in the *Medical Gazette* for December 30th, 1865, in which this method was applied to the carotid artery. "By the wire," says Mr. Dix, "obstruction to the circulation was gradually effected; the flow of blood was not completely cut off until the third day. On the sixth day the wire was removed. Meanwhile it had not interfered with the wound, nor damaged the coats of the artery. On the tenth day the patient was convalescent."

Mr. Teale tried the same method* in a case of popliteal aneurism. The compress was applied to the femoral at the apex of Scarpa's triangle. The ends of the wire were brought over a wedge of cork, and compression kept up for eight days. At the end of this time the cork wedge was removed, but the wire was allowed to remain. On the tenth day, the treatment was renewed by the insertion of another wedge. On the sixteenth day, pulsation had ceased in the tumor, and the wire was withdrawn. On the twenty-third day, erysipelas set in at the wound and the punctures made by the wire; abscesses soon formed in the knee and calf of the leg, and death followed at the end of the eleventh week.

Mr. Teale thinks that where consolidation is deferred, (as in the preceding case,) that this method possesses no advantages over the ligature, as it will finally, like the ligature, cut its way through the artery.

Dr. Sands, in the meeting of the New York Pathological Society for Oct. 23d, 1867, related a similar case. The wire was here applied to the femoral artery, and the ends brought over a compress. He did not recollect the progress of the case, but the patient died not long after, from diffuse cellular inflammation of the limb.

At the same meeting, Dr. Markoe related a case in which the wire was applied to the subclavian artery, by Mr. Porter, of London. The ligature was tied over a probe outside of the wound. At the end of fifty-six hours, he was doing well.

The final result of this case is given in the surgical summary of the *New York Medical Journal* for December, 1867, from which it appears that, although the pulsation in the tumor was arrested in the beginning, it returned at the end of three weeks, and soon became as strong as before the operation.

On July 31st, as the disease was increasing rapidly, Mr. Porter determined to attempt a cure by placing direct pressure on the innominate artery. Instead of using the needle and wire, as before, he employed an ingenious instrument, invented by Dr. L'Estrange, which somewhat resembles a double aneurism needle without eyes. It is furnished with a movable handle. One blade is first carried under the artery, and the second is then carried down to the vessel, and made to compress it. The blades are approximated by means of a screw, and when closed sufficiently, the handle is removed, leaving the needle in the wound. The pulsation in the tumor was arrested, and on Aug. 2d, the needle was removed, but pulsation returned strongly in the aneurism. This is probably the first case on record, in which occlusion of the innominata has been attempted by pressure without ligation.

The Metallic Snare of Professor Smith.

Still another method of securing arteries, differing only from the ligature in the method of its application, and convenience of removal, is the "metallic snare" of Professor Smith, a description of which is given in the *N. Y. Medical Gazette*, vol. 1, No. 4. October 19th, 1867.

In this method, an annealed iron wire is placed around the artery, and the ends slipped through a silver tube. It, of course, has to cut its way through the artery before it can be removed, and therefore possesses no special advantages over the ordinary ligature.

Compound Acupressure.

Dr. Aitken, of Tekonsha, Michigan, calls by the preceding name a plan described in the *American Journal of Medical Sciences* for July, 1865. In this method the artery is to

* Lancet, Jan. 5th, 1867.

be compressed for a period of between six and twenty-four hours between two needles, two or three inches long, of the size of common darning needles, or smaller, of steel, soft tempered in the outer portion, so as to be readily cut. The extremity of one has an eye bent in a short curve, and the end of the other has a notch to interlock with the needle containing the eye. The needle with the eye is first passed under the exposed artery, until the notch of the second can be engaged in it, they are then appproximated sufficiently to bring together the inner walls of the artery, and so obliterate the channel. A few turns of silk are wound around the terminal ends, and the projecting point cut off with nippers.

Dr. Aitken does not state that he has ever tested his method, either in the human subject, or upon any of the lower animals. Without a knowledge of Dr. Aitken's method, I some time ago tried a similar plan upon elastic tubes imbedded in muscular tissue, and after numerous failures, rejected it as impracticable, on account of the uncertainty of removal. Experimenting in the same direction. I arrived at the present method, which is radically different in construction, but involves the same principle. I have called it arterial compression by means of a sectional ligature. Acupressure it is not, for needles are in no way concerned in its construction. Perhaps a better name for the instrument would be "the tube compress." The apparatus consists of two slightly tapering silver tubes and a connecting medium of silk, iron wire, or silver wire. At their internal or arterial extremities, the tubes have a certain amount of curve, depending upon the circumference of the artery to be included. The aperture at the arterial points of the tubes is almost capillary in size, being only a trifle larger than the wire which is to pass through it. This aperture is situated as near as possible to the side of the tube lying furthest from the artery, so that the bottom of the tube is nearly solid where it lies in contact with the artery.

At the external ends of the tubes, a screw can be easily adapted, by which pressure can be graduated to any desired degree. In the figures, the graduation of the pressure is seen to be obtained by means of a wedge.

Method of Application.

An ample supply of wire is first passed beneath the exposed artery, and the ends brought out at the incision; over each end of the wire, one of the tubes is now passed down to the vessel, and their internal extremities brought in contact. The protruding wire is now abruptly bent over the end of each tube, and the external ends of the tubes brought together by means of the screw, or the ends of the wire may be wound around a wedge of cork between the tubes, by altering the position of the wedge, or by turning the screw the amount of compression desired is obtained.

The removal of the apparatus may be accomplished in one of two ways, according to the depth of the artery. If the artery is quite superficial, the end of the wire over one tube can be cut, the tube of the same side removed, and afterward the other tube with the wire attached (Fig. 3); but if the artery is deep seated, let *both* tubes be firmly held by a clamp, now cut

Fig. 1.

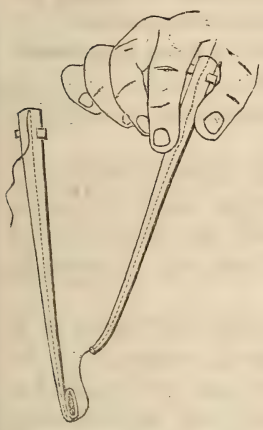
The compress ready for application.

Fig. 2.

The compress applied.

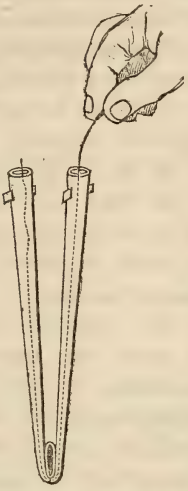
off the end of the wire over one of the tubes, and seizing the other end of the wire, draw it steadily through the whole length of both tubes; the latter are now free and can be easily withdrawn (Fig. 4).

Fig. 3.



Removal by the first method.

Fig. 4.



Removal by the second method.

This apparatus is more especially designed for the treatment of aneurism, and since it is now generally admitted, and indeed taught, that it is by no means necessary for the whole of the circulation through an artery, to be either entirely or permanently arrested to secure coagulation in the sac, the belief is justified that such an apparatus, presenting neither difficulty in application nor removal, may possibly aid in securing the desirable result, without the irritation and suppuration which have, with occasional exceptions, attended other methods of procedure.

I have made but two experiments with this apparatus, and those under many provoking difficulties, both as to the obtaining of proper subjects and the sustenance of the animals after the operation. The suject chosen in the first instance, for want of a better, was a young calf, certainly not much more than ten days old. With the assistance of Dr. Hawley, the right carotid was exposed on the first of December, and the whole apparatus easily adjusted. An attempt was made to include a part of the sheath between the tubes, whether his was done or not, I cannot certainly say, as my fingers were almost frozen by the intense cold of the day. The tubes having but a slight curve, were brought closely together at 11 A. M., but whether the current was completely arrested or not, was another point very difficult to determine, as the artery pulsated but faintly before the compress was applied. I learned after the operation that the animal had been kept since the preceding Friday, without either food or drink. On the following Wednesday morning, at 11, A. M., the ligature was removed by the second method. The wire broke near the point of the internal junction of the tubes, though only a slight degree of traction was exerted. The tubes were then withdrawn without the slightest difficulty, not a single drop of pus escaped from the wound, nor has there been any evidence of irritation during the whole time in which the tubes have been in contact with the artery. After the operation the nearly famished animal was abundantly fed with milk, and took his meals with an appetite which could well be called ravenous. On Wednesday evening the animal, contrary to my directions, was unfortunately through some mistake slaughtered, and the carcase mutilated before I could get an opportunity to dissect the parts. I succeeded, however, in finding the portion of the artery compressed, and it would seem from its appearance that the apparatus had cut its way through, an effect, however, that may be due to a post mortem accident. The ligature had certainly not cut its way through at the time of removal, because the tubes could not then be withdrawn until the wire had been taken away. On Tuesday evening, at 10, P. M., the tubes could be seen to pulsate, a sufficient evidence that the artery was then at least, intact. For these reasons I am inclined to think that the artery was not really severed at the time of death.

As a rule we rarely see the artery completely divided sooner than the sixth or seventh day.

Whether the tender age and exhausted condition of the animal might have hastened such a result, I am not prepared to say. On examining the specimen, the occlusion by coagula is seen to be perfect.

A second operation, under more favorable circumstances, was performed on Tuesday, the 10th of December. The subject in this instance was again a calf, but much older and more vigorous than the first.

With the aasistance of Dr. J. S. Hawley, the right carotid was exposed, and the tubes very loosely applied at 1 P. M. A wedge of cork was inserted between the external extremities of the tubes. The intention in this case was partially to diminish the current of blood without inflicting damage upon the arterial coats.

A portion of the sheath of the artery was certainly included between the tubes. Slight pulsation could be felt above the compress, showing that the circulation was not completely arrested.

The caliber of the artery was certainly not diminished more than two-thirds, perhaps not more than one-half.

The animal was occasionally observed for a period of thirty hours, during which time it did not appear to suffer the slightest inconvenience from the presence of the apparatus.

At the end of thirty hours the instrument was easily removed by the second method. The wire slipped readily through the tubes without breaking.

Two hours afterward the animal was killed in my presence. As soon as life was extinct, the parts were carefully examined. The wound was completely glued together by plastic exudation at every point except where the instrument had been placed. On separating the edges of the wound, about a drachm of perfectly limpid serum escaped.

There did not appear to be any more inflammation than one would reasonably expect from the effects of the operation necessary for the exposure of the artery. On reaching the vessel a slight sulcus was observed, indicating the point where the instrument had been applied. Just beneath this sulcus there was a slight ecchymosed spot about the size of a pin head, produced, perhaps, by the continued pulsation of the internal extremities of the tubes at that point.

A section of the artery three-fourths of an inch above and below the point of compression was then removed. On opening the artery there was no evidence of occlusion, or any attempt at the formation of coagula. The whole internal surface of the artery was smooth and glistening, and it would have been difficult to determine where the compression had been exerted, had not the sulcus upon the surface served as a guide to the point.

The facts established by these experiments would seem to be these:

1st. That the apparatus can be easily applied and removed.

2d. That it produces almost no irritation.

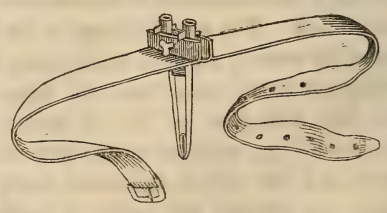
3d. That when brought closely together so as to completely arrest the circulation for a period of seventy hours, the occlusion by coagula was perfect.

4th. That when applied very loosely, so as to arrest only two-thirds or one-half of the circulation through the artery for a period of thirty hours, the vessel was not materially damaged, nor was there any attempt at the formation of the coagula.

I am, of course, unwilling to make any deductions from this limited course of experiments. Future and more guarded operations upon the lower animals will perhaps justify the trial of the apparatus on the human subject, where, with the advantage of intelligent co-operation upon the part of the patient, we will be enabled to judge of its fitness or unfitness for the treatment of aneurismal tumors. When we consider that coagulation can be produced in an aneurismal sac *without occlusion* of *the artery* at the *point* of *ligation*, the use of the instrument is perhaps justified.

In the application of such an apparatus to the human subject, a single precaution would be necessary, the weight of the tubes should not be allowed to press downward beneath the

Fig. 5.



included artery; to obviate this, a strap, with a clamp to hold the tubes in position, could be

adjusted to the part. The same contrivance would aid in the removal of the wire by holding the tubes firmly in their place.

The advantages which seem apparent in this apparatus are,

1st. Ease of adjustment.

2d. Ease of graduating the pressure.

3d. Ease of removal.

4th. No tissue except that of the artery is subjected to compression.

Hospital Reports.

Jefferson Medical College,
December 4th, 1867.

Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

Sebaceous Tumor.

Mrs. F., æt. 70. This patient has a tumor upon the back part of the head, between the ear and the middle line. The hair over it is a little sparse; there is no discoloration of the skin. It has been nearly as large as it is now for two years. It was first noticed six or seven years ago. There has been no pain in it, but of late it has been the seat of violent itching. The cause of its production is not known. There is now decided fluctuation present.

This is a sebaceous tumor, for which excision is the only remedy. The long diameter being transverse, the incision was made slightly oblique. The contents were entirely too soft for enucleation; therefore, the cyst was laid open, its contents turned out, and the cyst itself removed by peeling it off. If the contents had been solid, there would have been no difficulty at all in effecting enucleation. The cyst is remarkably thin for a tumor of this kind, of such long standing, in this situation. The inner surface, that in contact with the contents, is perfectly smooth, while the external is rough, having been connected by cellular tissue with the surrounding parts. A portion of the cyst is in a state of osseous or earthy degeneration.

The parts were brought together with a few interrupted sutures. No vessels required ligation. Sometimes it is necessary to tie three or four arteries in this situation, especially when the tumor is of long standing and of considerable bulk. Occasionally, in these cases, there is secondary hemorrhage.

The danger after such an operation as this is erysipelas, which may come on in the next forty-eight or thirty-six hours, usually within a very short time. It is frequently ushered in by a chill, followed by a fever, and this in turn by perspiration, disorder of the digestive apparatus, as well as of the secretions at large, and by a pink or scarlet discoloration of the part, which spreads more or less rapidly over the surrounding structures. She was ordered to be kept in a warm room, and to have plain, simple, nourishing food.

Carcinoma in Child.

Thos. T., æt. 6½ years. The middle finger of the right hand of this boy is almost in a gangrenous condition. The discharge is very thin and offensive. The finger presents an immense fungous mass, one would suppose it impossible for a finger to acquire such a bulk. It has been so large for a month, and the affection has existed for five months.

This case may have been originally nothing but onychia maligna. As it now presents itself, Professor Gross is disposed to believe it is carcinomatous; he has never seen onychia maligna with such a frightful appearance. It has every external characteristic of cancer.

The child complains of a great deal of pain. His suffering is worse at night, preventing him from sleep. His general health is much impaired; he looks thin; his countenance is expressive of suffering. No appetite, tongue somewhat coated.

The only remedy for this affection is amputation of the finger. The child was put under the influence of chloroform, and amputation effected. The prominent portion of the knuckle was cut off. Notwithstanding, the parts have been so long in a state of irritation and inflammation, there was no disposition to bleed. Ample covering was obtained, two good flaps, anterior and posterior, the shorter corresponding with the palmar aspect.

If the affection be carcinomatous, as there is every reason to believe from the appearance of the part, and from the history of the case, it is probable there will be a return of the disease in some portion of the hand, necessitating amputation at the wrist or of the forearm.

December 7th. Microscopic observation has confirmed the diagnosis. It will be interesting to watch the progress of this very rare case, to see if there be any development of cancer hereafter.

Epithelioma of Face.

Jas. P., æt. 51. For nine years he has had a sore between the inner canthus of the eye and the nose on the left side. It healed about three years ago for nearly three months, but ever since

it has been an open sore. It is the seat of a stinging, sharp, shooting pain, very frequently of an itching character. The edges of the ulcer are steep, everted, and ragged, and the bottom is bathed with a sort of thin, sanious, slightly yellowish fluid. There are some granulations, but they are not healthy. The edges are hard and a little puckered. His general health is good; he sleeps well; has lost no flesh; tongue coated; bowels regular.

This, without doubt, from the history of the case, and the appearance of the part, is epithelioma, cancroid, epithelial cancer, or cancer of the skin, as it has been variously called. It is somewhat doubtful as to what shall be done. The disease is an exceedingly difficult one to reach in any way. When it involves the lip, the affected portion is removed; when it invades the penis, that organ is amputated, and so with reference to other parts of the body, which are accessible to the knife. Here it cannot be employed with advantage, there being no room. The tumor involves the inner canthus of the eye, both lids in this situation, and extends to a considerable depth, apparently nearly as far as the lachrymal sac. A caustic might be employed. Vienna paste would probably be the best; caustic potassa is very severe, as are also corrosive sublimate and arsenic, and chloride of zinc, the most powerful of them all. The actual cautery is much to be preferred to these caustics, for the removal of the diseased structure, and at a future clinic it may be applied. In the meantime, the dilute ointment of nitrate of mercury, one part of the officinal ointment to eight of simple cerate will be used. He was also ordered five grains of blue mass, and two and a half grains each of aloes and jalap at night, and directed to abstain from meat, cabbage, etc., to eat nothing but plain, simple food. Sometimes a great deal can be done in staying the progress of this kind, simply by attention to the bowels, diet and secretions.

Sciatica.

Mr. B., æt. 40. This is a case of neuralgia, of deep interest. For three months he has suffered pain in the hip, which runs along the back of the thigh, and extends down to the toes along the posterior part of the limb. The pain is sharp, shooting, burning in character. It is continuous, most severe at midnight when it wakes him and deprives him of sleep until morning, when he rises unrefreshed. It came on gradually after exposure to damp weather. His tongue is clean and appetite pretty good. He has had rheumatism; never been affected with chills and fever. Of late he has lost flesh. Pressure over the lower spinous processes produces pain, which runs down into the toes.

The man says he has been repeatedly cupped and blistered, and taken internally arsenic, strychnia, quinine, iron and morphine. Morphia injected under the skin has relieved him for an hour or so, but then the pain returned.

He was ordered the following ointment:

℞. Veratriæ, ℥j.
Cerati simplicis, ℥j. M.

of which a piece as large as a cherry is to be rubbed in freely three times a day along the course of the sciatic nerve. The ointment, in this strength, is a very powerful anti-neuralgic. Internally, he was directed to take ten grains of quinine, and one-half a grain of morphia, made into three pills, at six o'clock in the evening. The following prescription was also given:

℞. Quiniæ sulphatis, gr. iij.
Strychniæ, gr. 1-24.
Acidi arseniosi gr. 1-20.
Extracti aconiti, gr. ½. M.

in pill, three times a day.

Powerful counter-irritation would be of service, and the actual cautery would be a proper remedy under such circumstances, applying as soon as the eschar drops off, morphia, strychnia and other remedies endermically. If the bowels should become costive, he will take five grains of blue mass, and three of jalap, made into two pills, at bed-time.

Alleghany County Medical Society.

At a meeting of the Alleghany County Medical Society, held recently, in the University building, the following officers were elected for the year 1868, viz.: Dr. A. M. Pollock, President; Dr. Wm. F. Knox, Vice President; Dr. W. Snively, Corresponding Secretary; Dr. B. C. Jillson, Recording Secretary; Dr. E. Umbstaetter Assistant Recording Secretary; and Dr. John Semple, Censor. Also, eight delegates to the American Medical Association and sixteen to the State Medical Society. The society is in a flourishing condition, and has seventy-nine *bona fide* members and twenty-one members elect who have not yet signed the constitution.

—— Cheering. The English papers state that the personal beauty of Prince Arthur will not be impaired by the attack of small-pox from which he has just recovered. The application of chlorodyne to the vesicles on his face during the eruptions is the cause of this immunity from the usual consequences of the disease.

Editorial Department.

Periscope.

THEN AND NOW:

A Discourse Introductory to the Course of Lectures in the Jefferson Medical College of Philadelphia, by S. D. Gross, M. D., Oct. 14, 1867.

(Published by Request.)

Two-and-forty years have elapsed since this school, named in honor of the immortal author of the Declaration of Independence, was opened for the instruction of medical students; and how well it has repaid the pains, the cares, and the labors of its founders, its faculties, and its guardians, every one acquainted with the progress of medical teaching in this city are aware. That it had, as all similar institutions, to some extent at least, must have, its early struggles, its trials, and its difficulties, nay, even its dissensions and domestic broils, is a matter of history; how it triumphed over them, and eventually, at no distant day, achieved its proud and commanding position, is also known. From the time of its reorganization in 1841, the date of its permanent stability and glory, its classes rapidly increased in numbers until 1860, when there were assembled around us 630 pupils, representing the different States and Territories of the Union, the British Provinces of North Ameriea, and several of the proud States of the Old World. War is hostile alike to the peace of nations, and to the prosperity of scientific and literary institutions, and it would indeed have been strange if the Jefferson Medical College had altogether escaped its late malign influences. The surprise is, not that it should have suffered, but that it suffered so little. Of the founders of the school, the original faculty whose names are attached to my diploma, not one is left; while of the faculty which came into power in 1841, and to which the college owes so much of its present renown, only two remain to adorn their chairs, and to cheer on their younger colleagues in their efforts to perpetuate its prosperity and to extend its usefulness. Of these, one, the honored Nestor of the school, will, as usual, greet you with his presence this winter, and enlighten you with the riches of his knowledge; the other, unfortunately, is absent, seeking in a foreign clime the repose which he so much needs after the toils and fatigues of more than twenty-five years, faithfully spent in the service of the institution.

My colleagues, whose representative I am on this occasion, have imposed upon me the agreeable duty of welcoming you to the Halls of my Alma Mater, and of speaking to you a few words of advice and comfort; of advice, as a guide to your studies and to your conduct in the lecture-room; of comfort, to encourage and solace you during the period of your separation from your homes and friends. But before I proceed to this subject, I desire to call your attention to another, replete, if I mistake not, with interest and instruction, and therefore well calculated to serve as an introduction to a course of medical studies. I allude to the changes and improvements which have taken place in medical science since my entrance into the profession in 1828. The merest glance at these topics is all that can be attempted within the brief space allotted to my discourse.

The advances in our knowledge in medical science within the last forty years are without a parallel in any age. Never was the medical profession so busy and industrious, so zealous and enthusiastic, so honest and exact in its views and its results, as it is at the present moment. It would almost seem as if the millennium were actually close at hand. Look where we may, progress, rapid and brilliant, nay, absolutely bewildering, literally stares us in the face, and challenges our respect and admiration. One is almost ready to exclaim, "Behold, all things are new!"

The age is proud of its knowledge. It boasts of it in the public prints, in the workshops, in the social circle, in the street, everywhere, in season and out of season. It has a hundred Newtons, a thousand Franklins. An age which has tamed the lightning, bridged the ocean with steamships, girdled the earth with telegraphic wires, and made everything, organic and inorganic, subservient to its convenience and enjoyment, has just cause to be proud of its achievements; and yet it would ill become it to be arrogant and conceited, or unmindful of the fact that much of this knowledge, so much boasted of, is an inheritance, a reflection of the past, a legacy transmitted from sire to son, an accumulation of the industry, the genius, and the wisdom of other days, crowned with glory, and sometimes even with martyrdom. We are too much disposed to look with contempt at the knowledge of our predecessors, as if, in reality, they had worked and lived in vain, as if all true science had been reserved as a kind of special gift to the present generation. If a thick veil

could be suspended between the past and the present, separating them completely from each other, it would be easy to see where we should be. Utter darkness would cover the face of the earth. The giant would be a dwarf. The sun of science would be overhung with clouds and shadows, without one star to guide and direct us in our labors. All the experience of Hippocrates, of Sydenham, of Hunter, and of Bichat would be lost to us; the Newtonian system would be blotted out; civilization would be thrown back a thousand years; and the human mind would lapse into barbarism of the worst kind. Knowledge is progressive; it marches by slow degrees; the seed that is sown to-day may not germinate, much less fructify, for centuries. It may lie dormant in the earth, until chance or accident brings it forth in full vigor and perfection. The fall of the apple had been witnessed thousands upon thousands of times, but it required the genius of a Newton to deduce from it a general law, pervading all matter, all space, from the most minute atom to a world, the abode of millions upon millions of human beings. The human body had been dissected for ages, but no one, until the time of Bichat, the apostle of general anatomy, had studied the tissues, and applied the knowledge thus acquired to the elucidation of pathology and practical medicine. Linnæus, in the last century, was the first to offer a rational classification of plants; and it was not until a much later period that Cuvier gave us the first idea of the nature of the vast chain which connects, in one unbroken whole, the animal kingdom. The discovery of the cell is the work of our own day.

We look at this curtain as it is waving faintly in the distance, and thank God that it cannot shut out from us one ray of light. The past and the present are one and indivisible. Individuals perish and pass away, generation succeeds generation, but mind and its products live forever.

Commencing our examination with the great department of descriptive anatomy, it will be found that fewer additions have been made than in any other branch of the medical study during the last third of a century. The treatises of Boyer, Hildebrandt, and the two Cloquets, published shortly before, or soon after, the commencement of my pupilage, almost exhausted the subject; and any gaps which they have left have since been thoroughly filled by the unrivalled, classical works of Cruveilhier and Quain; works which are an honor alike to their distinguished authors and to the nations which they respectively represent. Descriptive anatomy has, in fact, attained its ultimate limits of perfection. Like Alexander, the dissector may weep that there are no more new conquests for him.

What is true of descriptive anatomy is equally true of surgical, relative, regional, or topographical anatomy, founded by Desault and John Bell, in the latter part of the last century, and so thoroughly worked up in this, especially by Velpeau, Maclise, Malgaigne, Morton, Richet, Jarjavay, and Hyrtl. It is questionable whether the most painstaking man, however earnestly or zealously engaged in dissections, could add one particle of real value to the knowledge which now, thanks to the labors of these and other anatomists, exists upon this subject. The exploration has been most complete in every direction.

The anatomy of the tissues, commonly known as general anatomy, or histology, first systematically studied and described by Bichat, at the dawn of the nineteenth century, has also nearly, if not entirely, attained its highest degree of perfection. Future observers may correct some portions of our knowledge, but it is not probable that any very important additions will be made to it, however patiently and earnestly they may prosecute their investigations.

When we reflect upon the vast importance of this science, and upon the great revolution it has affected in physiology, pathology, and practical medicine, we are struck with wonder and amazement to find that it was, in great measure, the result of the labor and genius of a single individual, and our surprise is not a little increased when we learn that that individual perished at the early age of thirty years, a victim to excessive toil and boundless enthusiasm.

Marie Francis Xavier Bichat, the founder of this science, was one of the great master spirits of his age. His gigantic mind grasped, with equal power, anatomy, physiology, pathology, medicine, and surgery. The fire of his composition, often, like that of his great prototype, John Hunter, neither elegant nor correct, his profound knowledge of the structure and functions of the human frame, and the novelty and boldness of his enunciations, left him without a rival. Evoking order out of chaos, he enriched and fertilized the commencement of the nineteenth century with the great variety and vast extent of his discoveries, and accomplished in a few short years the work of a long lifetime. Prior to his time histology had no veritable existence. If it had, as some have alleged, been foreshadowed by the labors of Bordeu, Pinel, and Carmichael Smith, it lacked the proportions and finish of the

stately science which it assumed in the hands of the illustrious Frenchman.

The death of Bichat was a national calamity. Corvisart, in announcing the sad event to Bonaparte, then first consul, observed: "Bichat has fallen on a field of battle which numbers many a victim; no one has done in the same time so much and so well." Besides his great work on general anatomy, written and published within less than two years, he left a monograph on life and death, a system of descriptive anatomy, in four volumes, and a number of valuable papers as contributions to the periodical press. He also edited, with notes and commentaries, the surgical tracts of Desault, and composed a small treatise on pathological anatomy, which was given to the world after his death. Such was Bichat, who, had his life been spared a few years longer, would have become the most illustrious physician and medical philosopher the world has ever produced.

The only work on pathological anatomy, accessible to the American student, in my early professional life, was that of Dr. Mathew Baillie, who for many years stood at the head of the medical profession of London, where, after a life of great usefulness and honor, he died, in 1824. It was comprised in a small octavo volume, illustrated by an atlas of plates, the former of which was republished in this city soon after its appearance in Great Britain, and served for a long time as the only guide to the study of morbid anatomy in this country. The work of Baillie was succeeded, in 1829, by the treatise of Dr. William E. Horner, Professor of Anatomy in the University of Pennsylvania, and this, in turn, by the Elements of Pathological Anatomy, by the present incumbent of the Surgical chair in this College. Since that time works, almost without number, some of them, as those of Cruveilhier, Carswell, and Lebert, of the most magnificent and costly character, have appeared, and have served to elevate the study of morbid anatomy to the highest position among the kindred pursuits. If Bonnetus and Morgagni, the founders of this science, could rise from the dead and witness the astounding progress which this department of human knowledge, so essential to a correct interpretation of the nature and seat of disease, has made within the last thirty years, they could not accuse their successors either of neglect or indifference in this respect. Although the field is still open, inviting further research, the clouds which so long overshadowed it have been effectually dispersed, and have revealed a glorious sunlight, the rays of which have pierced every recess of the healing art with their benign and renovating influence.

The most curious and interesting discovery in anatomy in modern times is that all animal and vegetable substances essentially consist of cells, of variable size, shape, and structure, and so minute, as to be visible only with the aid of the microscope; an instrument first applied as an aid to anatomy by Leuwenhoeck in the seventeenth century. A number of observers had long ago suspected the existence of such bodies, but it was not until the researches of Schleiden, in 1837, and those of Schwann, a little later, that the fact was fully and satisfactorily established. This discovery, with the progress of which the name of a young American physician, long since diseased, Dr. Waldo J. Burnett, of Boston, is honorably associated, has led to vast changes in our anatomical and physiological knowledge, and to the adoption of certain views in pathology, the extent and importance of which no human sagacity is at present able to penetrate. The cellular pathology has already, under the plastic genius of Virchow, of Berlin, awakened a vast deal of inquiry, rapidly pushed on by men of the highest capacity in all parts of the civilized world. The cells of the human body exist not only in the natural tissues, but also in abnormal growths, and one of their characteristic features is their wonderful power of proliferation, by virtue of which they multiply with extraordinary rapidity, both in health and disease. The doctrine of the schools now is that everything emanates from a cell—*omnis cellula e cellula*; that is, where a new cell is, there must have been a cell previously, "just," to use the language of the German professor, "as an animal can spring only from an animal, a plant only from a plant." These researches, the result of the successive improvements of the microscope, and of a more careful application of that wonderful instrument, which has endowed man almost with a new sense, have clearly demonstrated the cellular nature of all vital processes, vegetable and animal, physiological and pathological, and the unity of life in the elementary forms of all organized beings, if not also the unity of disease in all organs and tissues.

If, at the commencement of my professional life, there was any one department of medical science in a more unsettled and unsatisfactory condition than another, that department was physiology, and it cannot be denied by any one at all familiar with the subject, that much of the uncertainty which then enshrouded it, still continues, notwithstanding the vast amount of labor,

talent, and genius, expended in efforts to elucidate it. It is a department which, to borrow the language of Lord Bacon, in reference to medical science in general, has been more labored than advanced. Nor need this at all surprise us. The secrets of nature are not easily unlocked. She is slow in unveiling herself to the gaze even of the most patient, zealous, and philosophical inquirer. Her modesty shrinks as the maiden at the approaches of her lover. She loves to flirt and to coquet with her votaries, and not unfrequently blinds and disappoints them upon the very threshold of some grand discovery.

Our knowledge of certain portions of physiology was as perfect thirty years ago, as it is at this moment. No real light, for example, has been thrown upon the mechanism of the circulation of the blood in the heart and large vessels, as disclosed by William Harvey in 1629. He literally exhausted the subject. Concerning the circulation of the blood in the capillaries, and even of the structure of these tubules, our knowledge is to-day very little, if any, in advance of what it was a third of a century ago. Of the functions of digestion, respiration, calorification, and generation, not to mention others, a similar remark may be made.

The greatest advances that have been made in recent times in physiology relate to the functions of the nervous system. Within the last twenty years, many facts have been explained that were formerly entirely unknown. When I attended my last course of lectures in this school, the brilliant discoveries of Sir Charles Bell and Magendie just began to attract the attention of the medical teachers in this country, and I well remember with what enthusiasm the professor of anatomy and physiology dwelt upon the genius of the two men who were thus gradually opening to the gaze of their professional brethren a mine of incalculable riches to medical science. It required the labor of ages to determine the interesting and important fact that the two sets of nerves, emanating from the brain and spinal cord, are endowed with different functions, one with the faculty of motion, the other with sensation, and yet the very arrangement of these nerves, and their peculiar mode of origin, would, one might now suppose, have, generations ago, furnished a satisfactory clue to this fact, without any necessity for the elaborate experiments that were performed by the English and French philosophers. Of the nature of reflex-motor action, first brought under notice by Dr. Marshall Hall, and a knowledge of which is of such vast consequence in a practical point of view, nothing was known thirty-five years ago.

In 1847, Schrœder Van-der-Kolk discovered the wonderful law, of so much value in the application of electricity to the cure of muscular paralysis, that "whenever a mixed nerve furnishes fibres to a group of muscles, its sensitive fibres are distributed to the corresponding portion of the skin." Another valuable discovery has been made by Schiff. By a series of well-conducted experiments, he has proved that the "gray substance of the posterior fibres transmits the sensation of pain, while the white fibres are devoted to the transmission of tactile impressions." The knowledge thus elicited enables the practitioner at once to explain, in any particular case, the nature and seat of what is called locomotor ataxy, a peculiar affection of the spinal cord, liable to occur at all periods of life, both as the result of disease and accident. The discovery of the reflex-secretory action of the nervous system, a discovery almost as brillaint as that of Marshall Hall, above alluded to, was the work of our distinguished countryman, Professor Campbell, formerly of Georgia, now of New Orleans, by whom it was originally announced, in an able and elaborate paper read before the American Medical Association, in 1857.

If time permitted, reference might here very properly be made to many other recent discoveries in this department of anatomy and physiology, the value of which it is impossible even now to conjecture. The names of Brown-Séquard, Pannizza, Longet, Claude Bernard, Van Deen, Ludwig, Stilling, and Volkman, are indelibly identified with these important advances in this interesting branch of biology. Much of what is now obscure, and consequently imperfectly understoood, will, no doubt, ultimately be cleared up, not so much, probably, by experiments upon the inferior animals, at present so much the rage, as by careful clinical study, or, in more comprehensive language, by a more enlightened interpretation of the phenomena of morbid action, a method of inquiry which accomplished so much in the hands of Sir Charles Bell and Marshall Hall in unravelling the functions of the nervous system.

It is only a short time since the vitalists and the chemists vied with each other for the ascendency in physiology, the former referring all the processes in the animal economy to the operation of a living sentient principle, the latter almost exclusively to the effects of chemical agency. Here, as in nearly all other extremes, the truth lies in the middle. Nevertheless, there are, even now, notwithstanding our increased light, some who assert that the human body is a mere ma-

chine, wholly independent of vitality; that the circulation of the blood is a mere hydraulic operation, explicable by the ordinary laws of physics; that the lungs are nothing but a furnace for the consumption of oxygen and the generation of carbon; that the stomach is a mere laboratory, and digestion a purely chemical process; in short, that the brain is a storehouse for the manufacture of Dutch toys and Yankee notions.

In chemistry, how vast the changes since the time of Gay-Lussac and Thénard, the founders of modern chemistry! Forty years ago, organic chemistry had a vague and undefined existence; its facts were comparatively few and undetermined. To-day it presents a bold and majestic front, with the word "Progress" inscribed upon it in large and indelible letters, its destiny being indissolubly connected with industry, agriculture, medicine, the fine arts, and humanity. It is, in fact, the great lever of human progress. To two men, more particularly, is the world indebted for the salutary impulse communicated to organic chemistry within my time—Baron Liebig, who made the little town of Giessen for years a centre of intellectual attraction, and Mons. Chevreul, of Paris, a man who has established for himself an imperishable reputation as a profound thinker and an original investigator.

My colleague, Professor Rand, has been so kind as to give me a synopsis of the more important improvements that have been made in chemistry since 1830. From this it appears that nearly all the apparatus now used consists of glass, cork, and caoutchouc. Volumetric and spectral analyses have been introduced; the former of marvellous rapidity and great accuracy, the latter of a delicacy before unthought of. By it the new metal, cæsium, was detected in a mineral water of which it could not have formed more than the 100,000,000th part by weight. It is the agency now employed for studying the composition of the sun and stars. An immense number of new compounds have been discovered, and the synthesis of over one thousand organic compounds effected. Chemical preparations, of uniform strength and efficiency, and of small bulk or slight taste, have, in many cases, replaced the cumbersome and uncertain Galenical preparations of the Pharmacopœia, as, for example, the alkaloids and their salts, now so much used in the treatment of disease. Iodine and bromine, although previously known, were not generally employed. Chloroform, discovered almost simultaneously in America and France, is of later date. The cause of contagion has been studied, and a rational system of disinfection established.

The manufacture of matches, gun-cotton, collodion, and gutta percha goods, the vulcanization of caoutchouc, and the invention of the telegraph, and of photography, are all due to the recent progress of chemistry. The application of chemistry to agriculture and physiology, by Liebig, Dumas, Mulder, Lehmann, and others, has completely changed the face of these two departments of knowledge. The researches of Von Meyer, Joule, Grove, Helmholtz, and others, have established the great doctrine of the correlation of force, and given the mathematical relation between heat and work. The undulatory theory of light has been physically proved by Fizeau and Foucault. The inquiries of Ohm have brought the laws of voltaic electricity within the domain of mathematics.

The materia medica has been purged of many of its crudities, and attained a more exalted position. The vast accessions which it has received consist, not so much in the addition of new articles, properly so considered, as in new combinations of many of those long known and accredited. Some idea of the remarkable changes that have been effected in this department, within the last thirty years, may be formed, when it is stated that my learned colleague, the Professor of the Institutes of Medicine, has written a large octavo volume of upwards of seven hundred closely printed pages, upon what are called new remedies. Every vegetable and mineral has been laid under contribution; chemistry has lent its power of analysis and refinement; and physicians, in quite a number of instances, as in the cases of Fountain and Hammond in our own country, have not hesitated to perform dangerous experiments upon their own persons, to test the virtues of the new candidate for favor and adoption into the family of medicines. Time would fail me if I were to attempt even an enumeration of the more important additions to our modern Pharmacopœia. The most valuable, unquestionably, are the preparations of iodine, potassium, bromine, iron, aconite, and veratrum viride, of the efficacy of which, in controlling morbid action, no one not familiar with their use can form any just estimate. The discovery of cod-liver oil has been a great boon. Employed freely in the earlier stages of phthisis, there is probably no remedy which exercises so salutary an influence over that ruthless disease in warding off the fatal issue.

One of the most remarkable discoveries of the age is that medicines introduced into the subcutaneous cellular tissue act much more speedily and forcibly than when taken by the stomach or the rectum. The operation is performed with a

small pocket syringe, the nozzle of which terminates in a very sharp point, so that the skin may be easily penetrated without pain. A patient racked by sciatica, gout, or cancer, is relieved in a few minutes by the hypodormic use of a third to a half grain of morphia. One grain of quinine thrown under the skin makes a much stronger impression in warding off an attack of malarial fever than five times that quantity introduced into the stomach. The probability is that we shall be able, ere long, to purge and vomit our patients by this simple and elegant method of medication, whose practical history extends back no further than 1859, when attention was first directed to it by Mr. Charles Hunter, in the London *Medical Times and Gazette* for that year.

In no department of the healing art has there been greater progress, with sound, healthful improvement, during the period under review, than in the treatment of diseases of the uterus, a class of affections really very little understood, even by the most enlightened practitioners, in the first third of the present century. The change has, indeed, been marvellous. Our knowledge of these disorders, so frequent in their occurrence, and in their consequences so harassing and distressing, was, until within a comparatively recent period, in a great degree conjectural. The only aid invoked in their investigation was the sense of touch, and even that was often rejected by the over-sensitive female from motives of false delicacy. The result may easily be guessed. As was the diagnosis, so was the treatment; if the one was erroneous, how could the other be correct? It is an axiom in medicine not to prescribe for a malady before we have ascertained its true nature and seat; and although this is not always practicable, yet the rule is not the less true.

The marvellous changes here referred to are all due, mainly, if not wholly, to the employment of the speculum, an instrument well known to the ancients, but long lost and forgotten. Delineations of it were found upon the walls of Pompeii and Herculaneum; and Paul, of Ægineta, alludes to the dioptra, a form of speculum, as an instrument in general use in his time for examining the vagina and uterus. Ambrose Paré has given an account of a uterine speculum, accompanied with several drawings, in his great work on Surgery, published toward the close of the sixteenth century. Mention of it also occurs in some of the older treatises on midwifery. Through false notions, however, of professional delicacy it had fallen into disuse until restored in 1822, by Professor Récamier, of the Hôtel-Dieu, of Paris. In this country the speculum was first employed by Dr. Sharpless, of this city, in 1835, soon after his return from Europe, where, especially in the large venereal wards of Mons. Ricord, he enjoyed ample opportunities of witnessing its application, and of appreciating its great value as an aid in diagnosis. The practice met for a while with much opposition and even abuse. Now every one employs it.

Sounding of the uterus, as a means of ascertaining the existence of disease in its interior, is of still more recent date, hardly thirty years having elapsed since attention was first directed to it by Mons. Lair, of Paris. When we reflect upon the great value of these examinations, now universally practised, it is amazing that they should have been so long overlooked and neglected.

Dr. James H. Bennet, of London, nearly a quarter of a century ago, justly remarked that the discovery of auscultation and percussion by Avenbrugger and Laennec had hardly produced so great a change in thoracic pathology, great as that change has been, as the application of physical exploration in uterine diseases was destined to effect in this extensive and important department of medical science. This prediction, made in the true spirit of enlightened progress, was years ago amply verified. No educated physician now attempts to diagnosticate a disease of the uterus or vagina without the aid of the speculum. This instrument, so simple in construction, and so easy of application, has brought to our aid an additional sense in the investigation and treatment of this class of maladies. It has, in fact, produced not merely a change but a thorough revolution, alike honorable to the profession and of inestimable value to poor suffering woman.

The only monograph on female diseases, thirty-five years ago, accessible to the American student, was that of Dr. Dewees, even then far in arrear of the existing state of the science. On inflammation and ulceration of the uterus, as revealed by the speculum, the work was entirely silent; nor did it contain any information respecting the operative surgery of that important organ, a subject so admirably handled by Sir James Y. Simpson, Dr. I. Baker Brown, and, above all, by our distinguished countryman, Dr. J. Marion Sims, whose excellent treatise is far in advance of any work of the kind ever published. To him, and to Dr. James H. Bennet the world owes an immense debt of gratitude; to the former for the impor-

tant services which he has rendered to the operative surgery of the genito-urinary apparatus of the female; to the latter for his masterly work on inflammation of the uterus, originally issued in 1845, in which he was the first to make known to the physicians of Great Britain and the United States the diagnosis and treatment of the organic diseases of the womb, until then very imperfectly understood, and for the most part wretchedly mismanaged. To my former colleagues Professor Charles D. Meigs, for many years one of the chief pillars of this school, Professor Henry Miller, the distinguished obstetrician of Kentucky, and Professor Gunning S. Bedford, the able teacher and writer, great credit is due for their exertion to popularize the use of the speculum in this country. Professor White, of Buffalo, a gentleman ever alive to the progress of science and the interests of humanity, also deserves honorable mention in connection with this subject.

Ovariotomy, a conquest of modern times, is an American operation, first practiced in 1809, by Dr. Ephraim McDowell, of Danville, Kentucky. He performed the operation altogether about thirteen times, with a success highly flattering to his skill. After a Rip-van-Winkle sleep of nearly a quarter of a century, ovariotomy woke up one morning, and found itself suddenly famous. Revived by Mr. Clay, of Manchester, it has, mainly through the influence of his labors and writings, become one of the most common of the capital operations, and is almost universally acknowledged as one of the greatest triumphs of modern surgery. The mortality, now that the after-treatment is so well understood, is much less than formerly, the ratio being about one death in three cases and a half, thus comparing most favorably with the results of many of the more severe operations.

Valuable improvement has been effected in the treatment of puerperal peritonitis. Instead of copious abstractions of blood with the lancet, thereby draining the system rapidly of its vital fluid at a time when it can be ill-spared, most practitioners at the present day place their chief reliance upon the exhibition of opium in large and frequently repeated doses, and upon the application of leeches and of stupes of turpentine and laudanum to the abdomen. For the introduction of the opium treatment of this disease we are mainly indebted to Professor Alonzo Clark, of New York.

The practice of midwifery, properly so called, has experienced many salutary changes. The use of anæsthetics, and a better comprehension of the powers of nature, have greatly simplified the duties of the accoucheur, and have furnished him with more enlightened views of the mechanism of parturition. The forceps, that "noble instrument," to use the designation of Chapman, the original inventor, were seldom employed thirty-five years ago, except in cases of very tedious labor, and even then comparatively infrequently, nature being generally regarded as fully competent to the task of expelling the child without such aid. In a long practice of this kind, at one time quite extensive, I never had occasion to use the forceps in a solitary instance among my own patients, and a still-born child, from protracted retention of the head, was one of the rarest of occurrences. Now almost every physician, young or old, ignorant or educated, applies the instrument if the labor is at all tedious. In a recent medical journal, Dr. Hardie, of Scotland, is stated to have applied the forceps in twenty-eight out of one hundred cases of labor, simply to abbreviate anxiety and pain. Of the propriety of such a procedure, it is not my business here to express an opinion. The able gentlemen in charge of this department will, during the course of the winter, afford you all the light you may require upon the subject. I may, however, be pardoned for expressing my conviction that a more cautious reserve in the use of this instrument—an instrument that may be wielded for evil as well as for good—would conduce alike to the interests of humanity and the credit of obstetric practice. The advocates of the employment of the forceps as a prophylactic measure to save the child, and thus prevent the ill effects that might arise from delay, consitute, unfortunately, as it seems to me, a very numerous and influential class at the present day.

Until recently, great difficulty was frequently experienced in effecting reduction of the umbilical cord in cases of prolapse. The operation is now, thanks to Professor Gaillard Thomas, of New York, a very easy one, all that is necessary being to place the parturient female upon her knees and elbows, so as to throw the breech beyond the level of the rest of the body, when, by a little manipulation, the object may promptly be attained. By a similar expedient, Dr. E. R. Maxson, of the State of New York, has readily succeeded in converting shoulder into natural presentations.

Midwifery, in the latter part of the last century, was taught by Smellie, of London, in four lectures at 10s. A paper lantern, suspended at the door, served to direct the young aspirant after

obstetric honors to the amphitheatre of the learned professor. When the University of Pennsylvania was organized in 1764, no special provision was made for teaching this dignified and important branch of the healing art, and it was not until 1812, that it was considered worthy of holding a distinct place in the curriculum of the institution, known as the mother of American medical schools. The fact is, the practice of midwifery was long regarded by many of the leading medical men of the country as a positive degradation.

Great improvement has taken place in the physical and medical treatment of children. I well recollect the time when these little creatures were looked upon, apparently, as if they were absolutely destitute of the ordinary qualities of our nature; as if they were hardly human beings. Their early education was shamefully mismanaged; and their diseases, generally ill understood, were treated in the most harsh, cruel, and unscientific manner. Overdosing, ill-ventilation, and underfeeding, were the order of the day. It often made one's heart ache to see these little starvelings in their mothers' and their nurses' arms, looking like so many picked chickens, destitute of flesh and blood, fed upon calomel, and deprived of proper food and drink. One of the greatest discoveries of modern times is that children have stomachs!

In surgery, in all its branches and ramifications, not only great advances, but vast improvements have been made; improvements as brilliant as they are honorable to the genius, intelligence, and enterprise of their authors. A mere glance at this subject must suffice for this occasion.

In 1824, Civiale performed, for the first time, the operation of lithotripsy—improperly called lithotrity by our cousins across the waters—and from that period until his death, on the 13th of June last, he employed it upon upwards of sixteen hundred persons, with what result has not, thus far, transpired. Although Gruithuisen, a Bavarian physician, had, in 1813, called the attention of the profession to the practicability of crushing stone in the bladder without a resort to the knife, yet to the French surgeon, who was for upwards of a third of a century the acknowledged leader in this field of practice, is mainly due the merit of having brought the operation to its present degreee of perfection. This is not the place for an account of the manner of executing the operation, for a comparative view of its statistics, or of the estimation in which it is held by the profession. It is sufficient to add that its claims have been fully settled, and that it justly ranks among the acknowledged triumphs of surgery.

In lithotomy, the gorget, the favorite instrument of Physick, Gibson, and Dudley, has been superseded by the knife, and the operation, as now generally performed, is, in every respect, more simple than it was forty years ago.

The treatment of aneurism has been much improved, and rendered less dangerous to limb and life. The Hunterian operation, which, taking all the arteries together, furnished an average mortality of about one in four, is now comparatively seldom performed; mechanical and digital compression, forced flexion, and other processes, having taken the place of the ligature. For the revolution—for so it may justly be termed—which has been thus effected, all honor is due to the Dublin surgeons, particularly to Hutton and Bellingham, the latter of whom, in a short tract issued in 1847, was the first to point out, upon correct and scientific principles, the manner in which compression acts in curing the disease.

Acupressure, devised a few years ago by Sir James Y. Simpson, as a substitute for the ligature, which has so long enjoyed the confidence of surgeons as a means for preventing and arresting hemorrhage, is a contrivance the precise value of which is still undetermined. Much has been said and written in commendation of it, especially by its ingenious inventor; and in a monograph published within the present year by Professor Pirrie and Dr. Keith, of Aberdeen, numerous cases are related illustrative of its great advantages, with an expression of the hope that it will, ere long, come into general use. I have myself, however, no idea that it will ever entirely, or even in any considerable degree, supersede the employment of the ligature. When the prejudice incident to the introduction of all novelties shall have subsided, the profession will be better able to form an unbiassed judgment of its real utility.

There are, as is well known, various articles of the materia medica, endowed with hemostatic properties, but all these are as nothing compared with the wonderful effects of subsulphate of iron, or Monsel's salt, so-called after a chemist of Bordeaux, who was the first, a few years ago, to call attention to the subject. Having employed this substance in numerous instances, I am thus able to bear testimony, from personal experience, to its astonishing virtues. It has already saved many lives.

The treatment of syphilitic diseases has undergone many changes. Mercury, formerly so generally and so copiously administered for the

relief of primary and secondary symptoms, is now rarely given, except in the hard variety of chancre, in which the induration obstinately resists the ordinary measures, or the phenomena are such as to justify the belief that the virus is still insidiously at work. The secondary accidents, at least in my own hands, commonly yield to the ordinary antiphlogistic remedies. For the cure of the tertiary variety of the complaint the iodides, as they are denominated, introduced to the notice of the profession by Mons. Ricord, of Paris, have proved most effectual, especially when, as has long been my practice, they are combined with a minute quantity of bichloride of mercury, the very mildest and most innocuous of all the forms of that important salt. The inoculable character of secondary syphilis, formerly so strenuously denied, is now generally admitted, while the duality of chancre, a subject of so much angry discussion during the last fifteen years is still a mooted question.

The treatment of cancer stands precisely where it did forty years ago. While our knowledge of the histological and microscopical characters of the disease has been vastly extended by modern research, our means of arresting and curing it are as impotent as ever. The treatment of cancer by the hypodermic injection of acetic acid, introduced a short time ago by Mr. Broadbent, of London, and from which so much benefit had been anticipated, has signally failed; and there is at present no reason to believe, from what is known of this horrible malady, that science, in its onward progress, will throw any useful light upon its mode of management.

[To be continued.]

Negro Endurance.

In Binghamton, N. Y., 13th instant, a negro descended a well about forty feet deep, to repair it, and when at a depth of twenty-five feet the earth and stones caved in, burying him alive. Workmen were hired to dig him out, but after sixteen hours' labor, just as they saw his head, the earth caved in again, and the men, weary and discouraged, left him to his fate and went home to rest. A carpenter then volunteered, and first dug a hole down to the negro's head into which hole he inserted a box, through which the buried man could breathe. Propping the sides of the wall with boards, to prevent further caving, he dug out his man after seven hours' labor—in all twenty-three hours from the time of the accident—alive and unhurt, though exhausted from bearing the weight of earth and stones.

Reviews and Book Notices.

The Physicians' Diary, Monthly, Semi-Annual, and Annual Journal and Cash-Book. (combined.) By James O'Connor. Second Edition, Revised. Philadelphia: published by J. L. Rihl, M.D., and James O'Connor, No. 2009 Frankford Avenue. *Price*, $8.00.

We have often wished for some skilful bookkeeper to devise a set of books for physicians, which would combine the accuracy of the Italian method with the simplicity of single entry. The difficulty of the undertaking was such that we had little hope of seeing it done. But in this excellent production of Mr. O'Connor we have not only an account book of the greatest simplicity and absolute accuracy, but a statistical record as well, and it fully meets all the ends for which it was designed.

The book is large quarto, the first eighty-nine folios ruled for a "Diary and Monthly Journal," under the following heads: 1. Name. 2. Residence. 3. Occupation. 4. Days of Month, (each with a separate line.) 5. Total Visits. 6. Rate per Visit. 7. Amount. 8. Office and Special Charges. 9. Total Amount. 10. Date of Payment. 11. Amount Paid. 12. Patient's Name. 13. Disease. 14. Births. 15. Date of Birth. 16. Name of Child. 17. Date of Death.

In the second half of the book is a "Semi-Annual and Annual Journal and Cash Book." In this the accounts from the Diary are journalized and posted by simply entering the number of visits, rate per visit, amount, balance brought forward, total due, date and amount of payment, deductions made, and reference to diary folio, each in an appropriate column.

At the end, forms are given for "Statistics from Ledger" for each year, which briefly sum up both financial matters, births, (sex, presentation, instrumental deliveries,) and deaths. The volume is bound solidly in first-class calf, with Russia-leather tips, and is of first quality laid paper. It will keep the accounts of a physician in very extensive practice for at least four years, and with less writing, less liability to error, and more clearly than any other method we have ever seen. We venture to say that no one who purchases it will regret the investment.

—— The latest accounts from St. Thomas report that fever in a malignant form prevailed there, and that there had been a number of cases of cholera.

Medical and Surgical Reporter.

PHILADELPHIA, FEBRUARY 1, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

ADVANCE PAYMENT!

We would remind subscribers that henceforth we must insist on ADVANCE PAYMENT. Consequently, we shall very soon cease sending the REPORTER to those who do not indicate their desire to continue taking it by communicating with us. We have now many thousand dollars due us on old subscriptions, and for the past several months, have wasted much time and money in trying to settle up these accounts. We must avoid this in the future, and the *only* way to do it is to conduct the REPORTER on the cash principle, just as our great succestful daily papers and literary magazines are conducted. We will then know just where we are, and not be at the weekly expense of printing and sending out copies for which we have to pay, though we may never receive anything for them. For some time past we have been shortening our credits; now we propose to cut them off.

We anticipate only good results from this determination, and feel sure that all our subscribers will see that the advantage of such an arrangement will be mutual.

☞ In accordance with the above announcement, with this number we cease sending the REPORTER to those subscribers who have failed to remit for the current year. We regret to do so—but justice to ourselves and our enterprise, compel us to adopt that course, which, in the experience of all journalists, has proved to be only sound basis on which to conduct business.

DIPSOMANIA.

In the Twelfth Annual Report of the Board of Visitors of the Government Hospital for the Insane, among other interesting items, are some remarks on that variety of insanity which results from the abuse of alcoholic drinks. An unusual number of patients were admitted for this cause, usually from the better classes of society. The Report observes that it has now been a quarter of a century since the project of treating inebriates with the view of reforming their habits, in institutions exclusively devoted to their care, began to be talked of by some of the earnest and benevolent minds of the country. No such project was actually undertaken, however, till within the last half a dozen years; and the two or three existing establishments of the kind appear to have achieved only a very moderate measure of success in curing inebriety. They have, without doubt, been of considerable service to families in caring for inebriates for short periods, and relieving them from the immediate effects of a debauch. The radical defect in the system of treating this class of persons, now and hitherto pursued, is the absence of a legal, coercive detention, and an absolute abstinence from drink for a sufficient length of time to restore the impaired moral and intellectual powers, and to effect those physiological changes which are believed to attend the loss of the morbid, and the restoration of the natural appetite. The detention not having been legally coercive in such institutions, it has generally been of short duration, and not been attended with abstinence from liquor while it lasted.

"In the capacity in which we now write, it would be out of place for us to discuss the most proper modes, either of preventing inebriety, or of reforming inebriates, before the habit becomes confirmed. In relation to confirmed inebriates, however, we believe the desideratum of this particular time is a public judgment distinctly expressed in the State constitutions and laws, and expounded and enforced by the courts, that they are dangerous to themselves and others, and may and should be legally subjected to prolonged restraint, both for the protection of society and for their own protection and reformation. The discipline of an inebriate hospital should be coercive, and so understoood; but as its inmates are not convicts, however culpable they may be in the eyes of the moral law, the coercion may and should be disguised in every way that does not impair its essential efficiency. It was the practical error of the former treatment of the insane that it was too coercive, and time will probably show that it is the practical error of the system of treatment adopted in this latest enterprise, which has appeared in the great field of social philanthropy, that it is too voluntary. The fault referred to may not be wholly due to the inexperience of the conductors of a new enterprise. A more efficient system of reformatory restraint requires the authority of laws that have been enacted by one State only, and a court of that State have since decided that they are unconstitutional.

"The reports of the institutions for the insane, both of this country and Europe, show that intemperance is a common cause of insanity in its ordinary forms. The authorities also almost unanimously agree that inebriety sometimes

becomes an insanity—a settled mental alienation, arising from a morbid condition of the brain and nervous system, which is chiefly characterized by a total abandonment to extreme indulgence, regardless of the most sacred claims and pledges, and by more or less impairment of the moral and intellectual powers of the individual. Where inebriety has clearly become a concomitant, as well as a cause of insanity, the case should be treated in an institution for the insane. Such is the increasing practice in American institutions, and it accords with the proposition adopted by the 'Association of Medical Superintendents of American Institutions for the Insane,' at its meeting in Washington in 1866, and reaffirmed at its meeting held this year in Philadelphia, that 'all State, county, and city hospitals for the insane should receive all persons belonging to the vicinage designed to be accommodated by each hospital, who are affected with insanity proper, whatever may be the form or nature of the bodily disease accompanying the mental disorder.' Another proposition adopted at the same time, viz., 'That the facilities of classification or ward separation possessed by each institution should equal the requirements of the different conditions of the several classes received by such institution, whether those differences are mental or physical in their character,' meets the objections that have been made to associating dipsomaniacs with persons affected with other forms of mental disease. What we have said in relation to the continuance of the detention, and to the certain and entire abstinence of the inmates of an inebriate institution, applies equally to the treatment of dipsomaniacs in our institutions for the insane; and it is upon these two points, so essential to the success of any effort to reclaim inebriates or cure dipsomaniacs, that the public needs to be better instructed, and the most prevalent doctrines of the courts reformed. In a few weeks—sometimes in a few days—after the dipsomaniac is placed under restraint and proper treatment, the immediate effects of drinking pass off, and to a casual observer he appears to be entirely sane; and if he can then manage to appeal to a court of competent jurisdiction by the writ of *habeas corpus*, it will probably set him at liberty. He is not sane, however. His moral and intellectual powers are weak and deeply perverted; his nervous system is irritable and depressed; every fibre of his being seems to demand stimulants, and his thirst for them is intense, and the moment he is discharged he resorts to their use with the unreasoning directness with which the brutes obey their instincts. In permitting him to renew his self-destruction—a self-destruction that carries so much misery along with it—society rejects the guidance of science, fails to discharge its obligations to the individual and to itself, and reaps a harvest of ills which, in their severity and extent, are second to none that afflicts humanity. We know of no more distressing embarrassment than that which the families of inebriates often experience, who find themselves the anxious but passive victims of a terribly destructive evil which they have no power either to avert or remedy.

"The question may be asked whether restraint, prolonged for a year or two, will cure dipsomania. The answer of science is, we believe, that this form of insanity appears in this respect to follow the law of other forms of mental disease. It should be recollected that the cure is not undertaken in dipsomania till the disease has become chronic and deeply seated; but if there be no constitutional tendency to this or any other form of insanity, and the treatment is continued till the susceptibilities and strength both of the body and the mind become entirely normal, the cure is likely to prove permanent."

These enlightened views will recommend themselves to every thinking man. They offer the real solution to the great and increasing crime of intemperance; and we hope that they will receive the close attention of legislators.

The Honorable Secretary of the Interior mention this Institions and its efficient management in deservedly high terms. He remarks in his last annual report: "I have heretofore expressed my opinion of the admirable manner in which this institution has been conducted. Its present condition reflects the highest credit upon the accomplished superintendent and those associated with him in the administration of its affairs." This deserved compliment from so high a source, and the material aid which will result from it will, we hope, extend still wider the influence of the institution.

Surgeons on Railways.

Some months since we noticed the fact that a corps of surgeons had been appointed on the Atlantic and Great Western Railway. Will some of our readers, who are cognizant of the facts, give us some information in regard to the plan and its workings? Who is the surgeon in chief,

and how many surgeons are employed? How are they distributed, and what are their stated duties?

The Pacific Railway, which, in a few years will be the most important line on this continent, should at once organize a corps of surgeons for its extended line, and its almost equally extended branches.

It is well known that the public is indebted to Dr. E. S. F. Arnold, of Yonkers, N. Y., for urging this matter upon the attention of railway corporations; and we are glad that he is being rewarded, by seeing his ideas adopted by one of the grand links that will ultimately form the great chain of railways that will bind the Atlantic and Pacific together.

Notes and Comments.

Newspaper Reports of Surgical Operations.

We are in constant receipt of newspapers from different sections of the country containing notices,—veritable puffs, in some instances, of surgical operations performed by various surgeons. These reports, if made through the procurement of the surgeon, are *unprofessional.* But we are far from holding the surgeon responsible for the reports in every instance. We all know how anxious the local reporters of village newspapers—and city papers too, for that matter—are, to obtain items of interest to their readers, and *they* are, we doubt not, responsible in very many instances for these reports.

A paper published at Corning, N. Y., recently contained a report of the removal of an ovarian tumor, which we hope the operator was in no way responsible for. We trust that the better members of the profession will be conscientious on these ethical points, and give no occasion for offense to those who are inclined to be irregular.

Dr. Evans' Late Work.

In a review of Dr. Evans' (of Paris) late work on Sanitary Science, the *Continental Gazette* says:

"In tracing the origin of the Geneva Convention and the various European international societies of relief to the wounded—in giving the history of the operations of the Prussian and Italian Societies, and the Austrian Committees of relief during the German-Italian war of 1866—in presenting some of the more recent results of this great international sanitary movement—results obtained at the Exposition Universelle, and to which he himself so conspicuously contributed, Dr. Evans has furnished us with many new and most interesting facts. Although for a long time having had something more than an occasional interest in sanitary science as applied to armies in the field, we will frankly admit that before reading this book we had no just idea of the extent to which its more philanthropic teachings had been accepted by European Governments, nor of the spontaneous willingness, which seems ever ready to prompt both people and Governments to earnestly coöperate in the same charitable and humane purpose. If we have been pleased to learn how much was actually done for the soldier, during the war of 1866, by each of the powers engaged in that conflict, we have been still more pleased to learn from this book how generally diffused have been those sentiments of sympathy for the suffering, of generosity and sacrifice for the welfare of others, which are the noblest fruits of a Christian civilization."

Correspondence.

FOREIGN.

Letter from Paris.

(Continued from page 87.)

Paris, Dec. 22, 1867.

Muscular Contraction Simulating Coxalgia.

Dr. Philipeaux concludes a series of articles in the *Gazette de Lyon*, upon muscular contraction simulating coxalgia, with some useful reflections on the treatment of this disease.

Since it is most generally under the influence of chloroanæmia, nervous and menstrual derangements, it is first necessary always to institute a general treatment, in which hydropathy holds the chief rank.

Locally, all sorts of calmants may be applied when the pain is severe. Hypodermic injections of morphia, or inoculation, by a lancet, of a solution of neutral sulphate of atropia (one part in a hundred), generally relieve, and sometimes cure the patient. But the most reliable methods in all difficult cases, consist in frictions, massage, or forced manipulations of the limbs, sudden reduction, and the employment of apparatus for extension.

The friction should be made with all sorts of calming oils, with belladonna pomade, or chloroform liniment. But energetic manipulation gives the most satisfactory results, especially if the spasmodic contractions predominate. It occasions a full afflux of blood to the vessels of the

imb, and easier gliding upon each other of the different muscular fibres. The alternation of pressure and dilatation, which changes the habitual conditions of muscles, changes also their sensibility.

M. Estradere, in a monograph on the subject, enters into many details concerning the precise way of practising effective manipulations.

After a friction, all the contracted muscles of the thigh, from their inferior to their superior insertions, are thoroughly kneaded. The muscles of the gluteal region submit to the same process. Afterward, various small percussions are practised with the fist or palm of the hand, and also with rods. Finally, the operation is terminated by forced movements of the coxo-femoral articulation and of the muscles. The muscles are seized between the fingers, and twisted in a direction transversal to their fibres. Afterward, the operator fixes one hand on the basin, on the superior-anterior iliac spine, and with the other embraces the popliteal space, and raises the lower portion of the thigh, and, if possible, flexes and extends again the leg.

If muscular contractility coincides with an arthritis, it is necessary to defer the treatment till after the inflammation has subsided. Anæsthesia alone, or combined with the sudden manual reduction of the limb, is also of great service, especially if manipulation has been tried and proved unsuccessful. It is not enough to obtain those movements which can be easily executed. The operator must insist upon arriving at the most complete relaxation of the limb, and not arrest the forced movements until the thigh has been brought into forced extension. The reduction once obtained, the limb is placed in a starched gutter or bandage. Immobilization is required for a much shorter period than in real coxalgia.

Among apparatus for local and graduated extension, M. Philippeaux refers with much approbation to that employed by Dr. Wm. Harris, of Philadelphia, and Dr. Sayre, of New York.

The Calabar Bean.

A memoir by Dr. Watson, of Glasgow, upon the Calabar bean, has been justly deemed of sufficient interest to be reproduced in the *Gazette Hebdomadaire*.

The physiological part of the memoir is preceded by some interesting notes furnished by Dr. Thomson, formerly missionary to Calabar, concerning the natural history of the plant and its employment among the natives. These ingenious people utilize the poison as a means of detecting the guilt, or proving the innocence of persons accused of any crime, especially sorcery. A powerful dose is administered, both by the mouth and the rectum. If the accused is fortunate enough to vomit, he generally recovers, and his reputation henceforth remains spotless. If he dies, the judges rejoice that they have been able, by the same operation, to prove the guilt and punish the crime of a dangerous culprit.

The phenomena exhibited by the poisoned victims, as well as those observed in animals upon whom Dr. Watson experimented, consisted in paralysis of movement. The sensibility and intelligence remain intact. Sometimes, however, considerable cerebral excitement, almost amounting to delirium, was manifested by the accused submitted to trial at Calabar.

The paralysis was so complete that the victims, brute or human, fell immediately into a state of entire immobility. Dr. Watson injected five minims of the tincture into the flank of a guinea-pig. He was nearly instantly paralyzed in the right leg, and shortly afterward in the left. He crouched together, utterly unable to stir. When his ear was pinched, he cried, but did not budge; if a whip was snapped near him, he winked and trembled, but made no effort to avoid the blow. The Calabese generally rejected with obstinacy the persuasions of the missionaries to take an emetic, declaring that their innocence could not be sufficiently proved if they had recourse to other antidotes. Thus in all cases perception and reasoning were preserved. The other symptoms observed in the animals were contractions of the pupils, hyperæmia of all the secretions, especially shown by the abundance of saliva which ran from the mouth, finally, difficulty of respiration, and, if the dose had been high, death by asphyxia.

The paralysis is preceded by a trembling of all the muscles of the body, and itself commences in the posterior extremities. It gains successively the anterior limbs, and finally the throat and chest, producing death by arrest of the action of muscles involved in respiration.

Dr. Watson discusses the causes of the paralysis, which has in turn been ascribed: 1st, to a collapse of the circulation; 2d, to a comatose condition resulting from the influence of the poison on the brain; 3d, to a suspension of the will; 4th, to an annihilation or suspension of the action of the spinal cord.

But the first hypothesis is contradicted by the fact, that the pulse remains exceedingly strong, even at the moment that the animal is completely inert, and in some cases the heart beats for several minutes after death. Moreover, the anterior half of the body is under the influence of the

will after the paralysis has completely possessed the posterior.

Against the second theory is the absence of coma and preservation of the intelligence. The third was imagined by Dr. Christison, who experimented upon himself. He found that, when under the influence of the bean, he had great difficulty in lifting his arm, but after several unsuccessful efforts, he succeeded by sheer force of will. The experiment hardly proves that the will has been paralyzed.

Finally, Dr. Watson unhesitatingly adopts the view that ascribes the poisonous effects of the bean to its overwhelming influence on the spinal cord, of which it tends to completely annihilate the action. The paralyzed muscles are precisely those which are under the influence of the spinal cord; the paralysis is invariably bilateral; finally, death always arrives in consequence of paralysis of the mechanical agents of respiration. It would appear that the poison first acted on the lumbar portion of the cord, and gradually extended to the bulb. The circulation is arrested in the pulmonary capillaries, in consequence of the arrest of the respiration. The contraction of the iris depends on the fact that the radiated fibres of this muscle, which preside over its dilatation, are supplied by motor filaments passing through the ganglion ophthalmic, and joining the sensitive filament of the naso-ciliary nerve. When these are paralyzed, the motor ocular, distributed to the sphincter, acts alone and contracts the pupil.

This effect is more quickly and conveniently obtained by introducing into the eye a little piece of gelatine, impregnated with the tincture of the bean. It thus furnishes a convenient means of removing the effects of atropine. But this service is insignificant compared with that which, according to Watson, the Calabar bean is capable of rendering. Its paralyzing or *depolarizing* influence on the spinal cord, indicated its qualities as an antagonist of strychnine, and as a remedy in tetanus. Dr. Watson treated dogs and rabbits with strychnine and tincture of calabar, sometimes simultaneously, sometimes preceding the antidote by the poison, sometimes following it. The struggle between the strychnine and the Calabar bean, to obtain the ascendency in the organism, was extremely apparent, except in cases where the doses of the former had been so high as to produce its effects before the latter had time to act. A rabbit, to which six minims of tincture of the bean had been administered by hypodermic injection, resisted the influence of three minims of strychnine, given in the same manner; a dose which had instantly killed another rabbit unguarded by the antidote. Tetantic convulsions did not appear till three hours after the injection, and were speedily subdued by the administration of six minims more of the Calabar bean.

To these experiments, of which I refrain from giving the details, Dr. Watson adds the recital of two cases of tetanic convulsions successfully treated at the Royal Infirmary, by the Calabar bean. In the first case, some prodromic spasms had existed for six days, finally culminating in an intense trismus and opisthonos. Chloroform had been given to diminish the violence of the convulsions, but had not vanquished the disease. The patient, a girl of eleven, was purged and then treated with extract of Calabar bean, in the dose of the eighth of a grain every two hours. When two grains had been thus administered, the muscles of the patient relaxed, dorsal decubitus was assumed, the pupils slightly contracted, and the child fell into demicoma. The respiration was calm and regular, and the pulse full and rapid.

The treatment was suspended during two hours and a half, during which the pupil dilated, and a slight convulsive attack occurred, provoked by touching the patient. Five drops of the tincture were then given every hour during the night, and the patient appeared much better in the morning, but toward evening had a relapse. Half a grain of extract was then prescribed every hour. After a few hours, convulsions were mastered by the remedy, but during a fortnight the patient remained subject to slight attacks, and continued to be treated by small doses of the tincture. At the end of this time the cure was complete. In the second case, a boy of thirteen was affected with violent trismus and opisthotonos, and treated after purgation by five minims of the tincture every two hours. Each dose produced a marked effect in relaxing the muscles. In three days the patient could sit up in bed, and in a week was able to walk about.

It is necessary to exercise considerable skill, in order to so administer the drug as to maintain the system constantly under its influence, and at the same time to avoid poisoning by accumulation. Small doses, such as five minims of the tincture, require about twenty minutes to make their influence felt; this action lasts half an hour, and then ceases, so that if the permanent influence of the drug be required, it must be administered every forty minutes. The doses must be proportioned to the intensity of the disease.

Where the remedy has overpassed the limits of

safety, and symptoms of poisoning appear, it becomes necessary to remove the mucosities accumulated in the mouth and pharynx; to establish artificial respiration; to apply electricity along the course of the phrenic nerves, and mustard plasters on the spinal column; finally, to administer stimulating drinks, if the patient be able to swallow.

(To be continued.)

DOMESTIC.

Twin Births.—Interval of 36 Hours.

Editors of the Medical and Surg. Reporter:

In your number of January 4th, 1868, you publish the history of a case of twins, by Dr. O'Sullivan, which occurred "in his own practice," in which he states "that an interval of sixteen (16) hours elapsed between the birth of the first and second child, being exceeded but by one out of two hundred and forty (240) cases reported by Dr. Collins, of Dublin, of safe delivery of both children. I will report to you a a case where an interval of thirty-six (36) hours occurred between the birth of the children, and both the children and mother are well.

On December 18th, 1850, an Englishman, by the name of John Bookham, called on me and said that on the morning previous, about 6 o'clock, his wife was taken with pains, and before he could get his children, five or six in number, out of the room, his wife was delivered of a child, and he was confident that there was still another. I went four (4) miles; arrived during the afternoon; found Mrs. B. free from pain, and feeling well; but on examining, found there was another child in the uterus. After waiting two or three hours for pains, gave small doses of ergot; the uterus soon responded to the ergot, and in a short time she was delivered of a healthy lively child. The last was a foot presentation. I have quoted this from my note book. I would add, that the last child was delivered after lights were lit in the evening, so that there must have been at least 36 hours interval between the births of the children.

O. H. Chipman, M. D.

Grand Rapids, Michigan, Jan. 15, 1868.

A New Muscle.

Editors Medical and Surgical Reporter:

In pursuing the study of Anatomy in the University of Pennsylvania, I met with a small muscle that is such a rarity that I cannot forego describing it. A first glance might mistake it for one of those anomalous slips that are sometimes found in the axillary region, but a closer scrutiny will prove it to be a separate and distinct muscle.

It is composed of a fleshy belly, about four inches long, five-eighths of an inch wide, and three-eighths of an inch thick. It arises by a tendinous slip from the sheath of the trunk formed by the union of the fifth and sixth cervical nerves, and terminates in a tendon of about one inch in length, which spreads out and loses itself in the capsular ligament of the shoulder.

Relations. In front, scalenus anticus, sterno-cleido-mastoid, external jugular vein, clavicle, sub-clavius, pectoralis major and minor, coraco-brachialis and the short head of the biceps. Behind—scalenus medius, subscapularis and the head of the scapula. Above, anterior edge of trapezius, clavicle, subclavius, coracoid process of scapula and deltoid muscle. Below, brachial plexus of nerves and axillary vessels.

What part it could have performed in the economy, with such an origin, I am unable to tell. The biceps of the same arm (right) had a slip arising from the middle third of the humerus.

A. B. Stoops, Medical Student.

Philadelphia, Jan. 16, 1868.

News and Miscellany.

—— Dr. H. C. Dean, of Algonquin, Illinois, was drowned in Fox river on the 3d ult., while skating with a party of ladies and gentlemen.

CHANGES IN THE NAVY.

List of changes, etc., in the Medical Corps of the Navy, for the week ending January 25, 1868:

Surgeon P. Lansdale, to be detached from the Naval Rendezvous, Philadelphia, on the 1st proximo.

Surgeon J. McClelland, detached from the Marine Rendezvous, Philadelphia, on the 1st proximo, and ordered to Naval Rendezvous, Philadelphia.

Passed Assistant Surgeon E. D. Payne, detached from Naval Hospital Washington, D. C.

Passed Assistant Surgeon Geo. A. Bright, ordered to the Naval Hospital, Washington, D. C.

Past Assistant Surgeon J. M. Flint, detached from Naval Hospital, New York, and ordered to Naval Hospital, Chelsea.

Passed Assistant Surgeon Wm. S. Fort, ordered to the Naval Hospital, New York.

Acting Assistant Surgeon S. P. Boyer, ordered to duty in the Asiatic Squadron.

Surgeon C. Eversfield, Past Assistant Surgeon J. W. Coles, and Assistant Surgeon W. F. Terry, detached from U. S. Ship Minnesota, and await orders.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

Brackett—Bolander.—Jan. 14, by the Rev. J. W. Healy, Dr. A. B. Brackett and Miss Laura Bolander, all of Chicago, Ill.

Church—Bragdon.—At the residence of the bride's mother in Lima, N. Y., Dec. 31, by Rev. Prof. S. A. Lattimore, of Rochester, Mr. William O. Church, of Wolcott, N. Y., and Miss Sarah E., eldest daughter of the late Dr. Bragdon.

Cooper—Suvad.—By Rev. E. J. Goodspeed, Jan. 15, Horace L. Cooper, M. D., of Aurora, Ill., and Miss Anna M. Suvad, of Chicago.

Dabbs—Dickson.—Jan. 21st, at Edgeworth, the residence of the bride's parents, by the Rev. James Allison, Mr. B. L. H. Dabbs, of Pittsburgh, and Sadie Q., daughter of Dr. John Dickson.

Erwin—Johnson.—At Mansfield, Ohio, Nov. 26th, by Rev. Mr. French, assisted by Rev. Dr. Gracey, of Pittsburgh, Dr. A. J. Irwin, of Fort Wayne, Ind., and Miss Kate Johnson, of Mansfield.

Kennedy—Witherspoon.—On the 23d of December, 1867, by the Rev. J. A. Crawford, Thomas Kennedy, M D., and Mary Jane, eldest daughter of Wm. Witherspoon, Esq., all of Franklin co., Pa.

Magoffin—Mitcheltree.—Jan. 16th, at St. Andrew's Church, by the Rev. Wm. Preston, D.D., Dr. B. Magoffin, of Mercer, Pa., and Miss Maria Mitcheltree, of Allegheny city.

Peck—Pratt.—In West Troy, by Rev. Dr. Gregory, Jan. 15th, Solomon H. Peck, M. D., of Ithaca, and Miss Angeline R. Pratt, of Trumansburgh.

Reddick—Threlkeld.—Jan. 16th, at the residence of the bride's father, Dr. Wm. Threlkeld, by Rev. W. T. Moore, Mr. Jas. J. Reddick and Miss Ellie Threlkeld, both of Kenton co., Ky.

DIED.

Comegys.—In Cincinnati, Ohio, Jan. 15th, Cornelius Marion, son of Dr. C. G. and R. T. Comegys, aged 20 years.

Vanderbergh.—Jan. 23, at Rhinebeck, N. Y., after a long illness, Federal Vanderbergh, M, D., for many years a resident of New York city.

METEOROLOGY.

F January.	13,	14,	15,	16,	17,	18,	19.
Wind	N. W.	N.	N.	N. W.	N.	N. W.	W.
Weather	Clear.	Cl'dy. Snow.	Cl'dy.	Clear.	Clear.	Clear.	Clear.
Depth Rain							
Thermometer.							
Minimum	7°	8°	12°	17°	12°	5°	10°
At 8, A. M.	15	17	25	22	21	19	18
At 12, M.	20	24	32	34	25	27	26
At 3, P. M.	19	22	28	33	28	29	26
Mean	15.25	17.75	24.25	25.50	21.50	20.	20.
Barometer.							
At 12, M.	30.5	30.5	30.1	30.	30.	30.3	30.5

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HORACE WILLIAMS, M.D.

The Philadelphia Summer School of Medicine will begin its fourth term on March 1st, 1868, and students may enjoy its privileges without cessation until October.

The Regular Course of *Examinations* and *Lectures* will be given during April, May, June, and September.

FEE, $50.

OFFICE STUDENTS will be received at any period of the year; they will be admitted to the Summer School and to the Winter Examinations, and Clinical Instruction will be provided for them at the Pennsylvania, Philadelphia, Episcopal, and Children's Hospitals. They will be given special instruction in the Microscope, in Practical Anatomy, in Percussion and Auscultation, in Practical Obstetrics and Pathology. They will be enabled to examine persons with diseases of the Heart and Lungs, to attend Women in Confinement, and to make Microscopical and Chemical Examinations of the Urine. The Class Rooms, with the cabinet of Materia Medica, Bones, Bandages, Manikins, Illustrations, Text-Books, Microscope, Chemical Reagents, etc., will be constantly open for study.

WINTER COURSE OF EXAMINATIONS will begin with the lectures in the University of Pennsylvania in October, and will continue till the close of the session.

SURGICAL DISEASES OF WOMEN. A Course of Lectures will be delivered by H. Lenox Hodge, M. D., on Displacements and Flexions of the Uterus; Inflammation of the Uterus; Polypi; Fibrous Tumors and Cancer of the Uterus; Inflammation of the Ovaries; Tumors of the Ovaries; Ovarian Dropsy; Sterility; Vesico-Vaginal and Recto-Vaginal Fistulæ.

PERCUSSION AND AUSCULTATION in Diseases of the Lungs and Heart, will be taught by James H. Hutchinson, M. D., by Lectures, and by the Clinical Examination of Patients.

The Society of the Medical Institute meets once every month, and essays are read and medical subjects discussed by students.

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THE

MEDICAL AND SURGICAL REPORTER.

No. 571.] PHILADELPHIA, FEB. 8, 1868. [Vol. XVIII.—No. 6.

Original Department.

Communications.

DEATH FROM CHLOROFORM,

By Richard O. Cowling, A M., M.D.,

Assistant to the Professor of Surgery in the University of Louisville.

The following case is reported both for its medical and legal bearings. This will explain the minuteness in some portions of the narration, which might seem otherwise uncalled for.

Eliza O'Bryan, aged 12 years, was admitted into the Surgical Ward of the Louisville City Hospital on Sept. 16th, 1867. She had at the time an ulcer on the inner ankle of the right leg, caused, as she thought, by wearing a tight shoe, and which rendered the use of crutches necessary for her to get about. The ulcer refused to yield to treatment, and in the course of time, the existence of dead bone in the situation was suspected. The surgeon in charge of the hospital about this time retiring, no operation was performed upon her. On Dec. 15th, Dr. Geo. W. Bayless, the Professor of Surgery in the University of Louisville, entered upon his term of service in the institution, and found this case in the ward. He made an examination with the probe, and finding the bone rough, determined upon an operation. Owing to the intervention of the holidays, and the urgency of other cases, this one was not reached until Jan. 3d, 1868. The general health of the patient, from her entrance into the hospital, had been good. There was no emaciation, her appetite was good, and her heart and lungs, as examined by Dr. MacBurnie, one of the residents of the hospital, were sound. There were scars in site of the cervical glands, which had led to a suspicion of scrofulous constitution, but no other indications existed.

It is made voluntary with the patients of this hospital to be operated upon publicly, but she readily consented to go before the class, and expressed great anxiety to have the operation performed.

On January 3d, she was brought into the amphitheatre. Owing to the difficulty of getting her under the influence of the anæsthetic, and of exploring the wound, she was on the table about thirty-five minutes, during which time about two ounces of chloroform were consumed. The article used was of Squibb's Brooklyn manufacture, and the manner of giving it was from the folded towel. Professor Bayless, wishing to avoid as much as possible the use of the knife, determined to postpone the case until the next clinique, previous to which he would have the sinus dilated with a sponge tent. The after-effects of the chloroform on this occasion were not reported as unusual.

The sponge tent was introduced on the morning of Jan. 7th, at 7½ o'clock, and confined with light bandage. Complaining of pain from the presence of the tent, twenty drops of McMunn's elixir were ordered for her. This was at 8, A. M. The tent slipped out in two hours and a half after it was introduced, and was not replaced. Both breakfast and dinner were voluntarily omitted by the patient that she might, as she said, "be ready for the doctors," having previously learned the necessity of an empty stomach when taking chloroform.

At 2½, P. M., Jan. 7th, she was summoned for the clinique, and came with alacrity, refusing assistance, and using her crutches. She placed herself, without persuasion, on the operating table, and the inhalation of chloroform began at 2.35, P. M. It was given on this occasion by the writer, one of the resi-

dents having administered it on the previous day. None of the usual precautions were omitted. The chloroform was of a different brand than that used for the first inhalation, but it bore the name of one of the first druggists of Louisville, and on a subsequent analysis, Prof. T. E. Jenkins pronounced it to be pure. There was no ammonia or whisky at hand, but these were sent for before beginning with the inhalation. The patient was placed in a recumbent position, with a single small pillow beneath her head. All constriction was removed from her throat and chest. There was free ventilation in the amphitheatre. The chloroform was inhaled from a folded towel, which was not brought nearer than one inch to her face. A quantity sufficient to moisten about two inches square on the towel was poured from the bottle at one time. Her pulse was entrusted to one of the residents, Dr. A. J. Keightly, the writer confining his attention to the respiration and expression of the face. In about three or four minutes, seeming to be asleep, the towel was withdrawn. Testing the degree of narcotism by touching the eye, she was reported to the Professor as *ready*. Her breathing had been from the first tranquil. She had refused to take deep inspirations. After withdrawing the towel, her pulse was counted by Dr. K., and found to be 104. It was felt by the writer, and found strong and regular. Professor Bayless began the exploration, and, after entering the probe, made an incision of about half an inch, to facilitate the entrance of his finger. The patient was roused somewhat into consciousness, and complained of the operation hurting her, calling the doctors by name. The towel was again held to her face, and so from time to time, as she seemed to come from under the influence of the chloroform. After an interval of some minutes, the writer was again requested to examine her pulse. It was strong and regular still, though evidently fallen off ten or fifteen beats. Still later it was reported unnatural, and on examining it, he found it dicrotic and weaker. The towel had been withdrawn then from her face at least three minutes, during which time she had spoken, saying, "You hurt my foot, and I will tell my father." It was the writer's intention to reapply the towel after she had spoken, when his attention was called to the pulse. Turning immediately then to her face, it was found deadly pale, there was twitching of the muscles about the mouth, the eyes rolled upward, became fixed, and the pupils were widely dilated. A deep stertorous breath was drawn, and the patient started forward. These phenomena followed each other so rapidly that their sequence could not be remembered. Prof. Bayless had proceeded so far with the operation as to put one jaw of the bone forceps into the wound. The breathing immediately attracted his attention, and thinking as he has said, that "she had enough chloroform," turned to order it away, when he was struck with the appearance of her face. Catching the wrist next to him, he found the pulse gone. Her breathing still continued—stertorous, and then sighing. Her tongue was seized with the clawed forceps, and dragged out of her mouth. Ammonia was held to her nostrils, whisky was poured down her throat, and water was dashed on her face and chest. Immediately after the failure of the pulse, the ear was placed to the chest, but no sound of the heart's action could be detected. Marshal Hall's method was used to continue the respirations, and was kept up for some moments after these had ceased. It is to be noted, however, that the breathing continued after the failure of the heart, then perhaps ten respirations were made before Marshall Hall's method was used, and as many more afterward. She died at 3 o'clock, twenty-five minutes after the inhalation began. About an ounce of chloroform had been consumed.

Prof. Bayless announced to the class that the first fatal accident upon the operating table, which had happened during his surgical experience, had taken place. He sent for the coroner, who took charge of the body, and ordered a post mortem examination to be made. This was done on the same evening, on the table where she died, five hours after the occurrence, by Dr. Lewis D. Kastenbine. A jury was not empanelled until next morning, by which time intense excitement

pervaded the community, it having been reported that the girl had been forced into the amphitheatre, and then sacrificed by neglect of ordinary precautions in giving her the chloroform. In consequence of this excitement the jury having "viewed" the body, and turned it over to her friends for interment, adjourned until the afternoon of January 10th, by which time the necessary witnesses could be summoned to make the investigation thorough. The leading medical men of Louisville, were present at the inquest, together with the professor and his assistants, and other necessary witnesses. The examination on the part of the coroner was conducted by the City Attorney, Mr. Wm. G. Reasor, and the County Attorney, Mr. Jos. Wilson; Prof. Bayless conducting it for himself and assistants. The jury empanelled was of scientific men. Dr. Kastenbine was first examined, and gave the following notes of the autopsy.

Post Mortem.—By L. D. Kastenbine, A. M., M. D. Sectio Cadaveris, five hours after death. Body had no post mortem suggillations. On the internal malleolus of right leg was found a sinus or fistulous opening leading to diseased bone. This opening was enlarged by an incision about half an inch in length, and extending to the bone. The cut appeared to be recent. The tissues were dissected from the ankle-joint, when a necrosed condition of the entire tibial malleolus was revealed.

The brain and its membranes healthy and free from congestion. Serum in all the ventricles, about one ounce.

Lungs were in a state of venous congestion—right more so than left. The former on dividing its substance with scalpel, poured forth black blood in considerable quantity. Adiposity of pericardium. Heart healthy in texture, with fluid blood occupying both sides, with a few clots in right—about half an ounce in left, and treble that amount in right ventricle. The latter ventricle was soft and flaccid, the former had its walls rigidly contracted. Valves healthy. Two fibrinous clots were also found, one occupying the right auriculo-ventricular opening, the other in the left ventricle, extending from mitral valve to semilunar or aortic valve. The extent of disease showed that surgical interference was justifiable. The mode of death was by syncope.

L. D. Kastenbine, A. M., M. D.,
Adjunct Prof. of Chemistry in the University of Louisville.

The examination which followed was on the following points:

1st. Was there a necessity for an operation?

2d. If so, was it one justifying the use of chloroform?

3d. Was the patient willing to have it done?

4th. Was there an examination made of the heart and lungs previous to the operation, by Prof. Bayless, or one made and reported to him by his assistant?

5th. Did Prof. Bayless use the same care in this case as he would have done had it occurred in his private practice?

6th. Were the proper precautions observed in giving the chloroform? was it given with due care? was the amount inhaled unusually large? and had the one administering it sufficient experience?

7th. Were the proper means used to resuscitate the patient?

8th. What was the cause of her death?

On the 1st, 2d, 3d, 5th, and 7th points, it was proved in favor of Prof. Bay-less and his assistants without discussion. The stress of the exaimnation fell upon the fourth point, in regard to the examination of the heart and lungs. Although an examination had been made previously by Dr. Mac-Burnie, as has been stated, Prof. Bayless had made none, and none had been reported to him. He stated that it had never been his custom to make any examination where there were evident signs of health, and especially in children, on the propriety of which considerable evidence was taken, and much time consumed, in spite of the evidence from the post mortem appearances, and the opinion of the witnesses as drawn from these, that no disease of the organs in question had existed in the patient. The professor was sustained by nine-tenths of the experience represented. Professors Henry Miller, Llewellyn Powell, and Theodore Bell, among others, testifying that they paid no attention whatever to the state of the heart and lungs. The authorities of Prof's Gross, of Phila., and Lister of Glasgow, were also cited on this subject. Under precautionary measures, it was held justifiable to use chloroform where physical appearances indicated that it was good, and which bore a reputable brand, without submitting it to analysis. It was also proven that

"more than ordinary care was observed in this case," only one surgeon objecting to the pulse being entrusted to another person than the one giving the chloroform. In regard to the cause of death the majority of the evidence was the chloroform. Prof. Bell, however, thought "it was by no means proven" that chloroform had caused it; and Prof. Miller was of the opinion that it was not wholly at fault, but that shock and emotional causes must be superadded. At the conclusion of the examination the coroner, by his attorneys, stated to the jury, "that having, for the benefit of all concerned, made a thorough investigation of the facts, and while it had been proven that the deceased had come to her death from the inhalation of chloroform, and their verdict should show it, there was superabundance of evidence that no blame whatever could be attached either to Prof. Bayless or his assistants, and their verdict should also state this. The following verdict was accordingly rendered: "That the deceased, Eliza O'Bryan, came to her death, on the afternoon of Jan. 7th, 1868, at 3 o'clock, from the inhalation of chloroform administered to her for surgical purposes, but that no blame can be attached to the surgeon or his assistants on the occasion."

CONTRIBUTIONS TO TOXICOLOGY.

By P. H. Vander Weyde, M. D.,

Late Professor of Chemistry and Toxicology in the New York Medical College.

(Continued from p. 5 of this volume.)

No. 10. Cyanide of Potassium.

At present, cyanides are extensively used for electro-plating with silver and gold, as solutions of the cyanides of these metals are found the best adapted for the purpose. The cyanide of potassium is especially used by photographers, to make fixing solutions, as it is the most powerful solvent for the chlorides, iodides, and bromides of silver, and the solid salt, or a strong solution is very effective in removing nitrate of silver stains.

Besides being a dangerous and rapidly acting poison, when taken internally, it produces painful and refractory ulcers on the skin, when repeatedly brought in contact with it. The protosulphate of iron, $FeO\ SO_3$, rubbed up with raw linseed oil, has, by experience, been found a very good external remedy.

The action of cyanides, when taken internally, is so rapid, that in most cases medical help comes too late. People who use nitrate of silver hair-dyes, keep cyanide of potassium on hand to remove accidental silver stains from the skin, and lately some cases have been published where such a solution was taken internally by mistake, and always with fatal results.

No. 11. Malate of Tin and Lead.

A child of four years of age was lately, in Tennessee, poisoned by eating apples preserved in a tin can. The symptoms were strong spasms of glottis, cramps, a kind of epileptic fits, and vomiting. A sufficient dose of ipecacuanha soon removed the injurious matter from the stomach, and restored the child to health; however, only after two or three days' suffering.

The tinning on the inside of the can was found to be dissolved by the acid of the apples, so that the iron had become visible. This malic acid had, of course, combined with the tin, and also with the lead, as so called sheet tin is nothing but sheet iron covered with a thin coating of an alloy of tin and lead.

No. 12. Adulterated and Poisoned Lard.

In 1853, Whipple and Calvert, in England, found and published an adulteration of lard imported from America, with starch, water, lime, and alum. Such lard acquires very soon an acid reaction when it becomes old. A similar acid lard, which besides, by being prepared or kept in a copper vessel, recently nearly poisoned a family of eight persons in Freeport, Ill., who had eaten cakes prepared with it. This adulterated lard was by Dr. McCurdy traced to the grocery store, where still a large quantity was for sale, having a rancid smell, a very acid reaction, and in many places possessing spots of a dark green color, of the size of pinheads. These spots were found to be oxide of copper, and during the baking, they formed, with the acids of the rancid fat, a kind of copper soap, or stearate of copper.

No. 13. Poisoning by the Use of Untinned Copper Vessels.

Dr. Stiever, of Tarentum, Pa., states that a large family in his practice nearly died by eating a dish prepared in a defectively tinned copper vessel, and that in another family, three persons were dangerously ill, by eating sour apples which had been left for several hours in a copper pan. By analyzing the ejections, copper was easily found.

I myself had a case of symptoms of copper poisoning, occuring with a patient for whom I had prescribed extract of tamarind. I found the tamarind to contain undoubted traces of copper, and on investigating the cause, I found that the druggist had prepared it in a copper vessel, from which the tinning had partially disappeared. A free use of white sugar, if not a perfect antidote, at least affords great relief when the dose of the poison is not very large.

I mention these cases to draw attention to the careless use of copper vessels in preparing substances to be used internally, either by the cook, or by the druggist.

ON THE CAUSE OF YELLOW FEVER.

By G. Naphegyi, M. D.,
Of Staten Island, N. Y.

[The following extracts are from an essay read before the Medical Society of the City of Mexico in 1864, in reply to Dr. Victor Herran. This physician had asserted in the public prints that the lowlands in the vicinity of Vera Cruz were the cause of the yellow fever endemic there, and that by draining them, the mortality from this disease would cease. To this theory of causation, Dr. Naphegyi, who for three years had been attached to the military hospital of Vera Cruz, was opposed. As during this period, his opportunities for studying the disease were very extended, we have obtained from him the original text of his essay, and make a free translation of some of the more important parts.—Eds.]

Dr. Herran proposes the hypothesis, that the sole cause of the yellow fever, or black vomit at Vera Cruz, is the miasma which arises from the swamps from May to November, and which is carried by the southerly winds directly to the city. I will not deny that the miasma, like all similar exhalations from putrefying organic matter, has a malignant influence upon the human constitution, and especially in the tropics; but that *it* is the sole cause of the yellow fever at Vera Cruz, I must deny. For, if this be true, how is it that those who arrive from over the sea and from the interior are attacked, while those who are born and reared in the vicinity are not?

It is not my object to enter into a scientific polemic, but simply to give the results of three years of patient study and observation of this epidemic in the military hospital of Vera Cruz. In the month of September 1854 alone, seven hundred and fifty-one patients entered the hospital; of whom two hundred and fifteen were attacked with yellow fever. Among these, there was not a single native of Vera Cruz. Indeed, during three years of minute observation of this epidemic, I never witnessed, or heard of a single case where a native, or one thoroughly acclimated was attacked with the yellow fever, or with a malady bearing the slightest resemblance to it. There can be no doubt that the miasma contributes much to the insalubrity of the city, but that it is the sole cause of the yellow fever there, cannot be established. I repeat, how is it to be explained that new arrivals only are attacked, and none of the native-born or acclimated? Both are exposed to the miasma and the consequences of breathing it.

It may be answered that the natives of Vera Cruz, accustomed during their whole lives to breathe the miasma, have constitutions adapted to repel its malignant effects. This objection might in part be admitted, if the presence of the miasma continued without interruption during the whole year. But prevailing only from the month of May to November, there is an interval of seven months, during which its influence is entirely removed. This interval is sufficient to place the natives of Vera Cruz upon the same footing, with respect to the deleterious effects of breathing the miasma, with new arrivals, and therefore this objection cannot be admitted.

There cannot be the slightest doubt, but that the drainage of the marshes, proposed by Dr. Herran, would contribute greatly to the

salubrity of Vera Cruz, but I cannot but think, that those arriving from abroad or from the interior, would *not* be in any the less danger of being attacked by yellow fever. The removal of the miasma, like the removal of any other noxious exhalation from the neighborhood of a person attacked, would exercise a benign influence, and increase the chances of recovery, but I conceive that its influence would hardly extend further.

Vera Cruz is situated in latitude 19° 11′, at the level of the sea. Exposed to the rays of a tropical sun, thermometer ranges from 87° to 91° Fahrenheit, during the summer months, and the hot southerly winds prevail constantly from May to November.

Among the people of the city there is a vulgar saying that their blood is thinner than that of foreigners, and it is true. A new comer, whether from abroad or from the interior, comes with the robust constitution and appetite of a colder climate. The change which he experiences is so great, and sudden, that it cannot be that he should escape without some disorder, especially if no precaution is taken in the amount and quality of food consumed. Those arriving from Europe pass from forty to sixty days at sea, while those from the United States about twenty to thirty days. On the vessel they are confined to a certain diet; fresh bread, fresh meat, vegetables and other nourishing articles of food common on land are unknown, and it can be truly said that in general those arriving have been subjected to from one to two months of sea diet. On landing, the fresh meats and tropical fruits are eaten with avidity, without the slightest consideration of the danger in a region where the new comers are entirely unacclimated. The temperate life on ship-board is exchanged for one of unfettered self-indulgence, and brandies and wines, made doubly delicious by the extreme thirst occasioned by the heat, are drunk with even greater license than in their northerly homes. By this course of living the blood becomes richer instead of thinner, and the heat generated in the system, instead of diminishing to correspond with the changed climate, is largely increased. The natural balance of the system is speedily lost, and disorders follow. Here we have the symptoms, but not yet yellow fever. These disorders and symptoms of disease vary according to the constitution, place of birth, and habits of the individuals, and on these conditions ultimately depends the malignity of the attack of yellow fever. The symptoms vary, but they are easily distinguished by an experienced physician. In some cases a slight headache especially in the protuberances, want of appetite, and extreme thirst, are the premonitory symptoms; in others, a numb pain in the extremities, which is ignorantly attributed to fatigue caused by the heat; while in other cases, beside the above, dull pains are felt in the spine, and an unpleasant taste in the mouth, the tongue becoming of a brown color, and pain in the eyes. These latter symptoms generally appear in persons of robust constitution.

Persons having weak constitutions are generally infected with the disease for some time before the symptoms are much regarded, the attack being extremely slow, and it is several days before the patient feels the necessity of procuring remedies, while in those whose constitutions are strong, symptoms are almost immediately perceptible, compelling them to seek medical attendance. For this reason, among others, the disease is much more generally fatal to those having weak constitutions They have the disease for a longer time before remedial agents are employed, and it consequently is more firmly grounded and more generally distributed in the system. In the case of those whose constitutions are robust, the appliances of science are immediately brought to bear upon the disease in its incipiency, and its cure more generally effected.

I do not assert that the change in the temperature is the only cause which operates, at Vera Cruz, to inoculate strangers with yellow fever. No; because I should thereby expose myself to be called upon for the reason why Cuautla and Iguala, places where the temperature is much higher, are entirely free from the disease. The heat is not the only agent. The situation of Vera Cruz, it must not be forgotten, is at the level of the sea; and the influence of the sea upon the land I place

among the conspicuous causes of the disease. The time is not far distant when science will explain the immediate influences of the sea upon the land, and will thereby contribute largely to the solution of the problem we are discussing.

Editorial Department.

Periscope.

THEN AND NOW:

A Discourse Introductory to the Course of Lectures in the Jefferson Medical College of Philadelphia, by S. D. Gross, M. D., Oct. 14, 1867.

(Published by Request of many Subscribers.)

(Continued from page 105)

The management of fractures of the leg and thigh is much better understood than formerly. The treatment by adhesive plaster, pulley and weight, recently utilized by Dr. Swinburne and Dr. Buck, of New York, and now commonly known as the American method, is rapidly gaining confidence, and will probably, at no distant day, meet with general approval. Its simplicity is only equalled by its efficacy. The anterior splint, introduced by Professor N. R. Smith, of Baltimore, deserves favorable mention in connection with the treatment of fractures of the lower extremity, as its merits are no longer questioned by any one acquainted with its character and mode of application. Its utility was amply tested, in numerous instances, during the late war, especially in the treatment of gunshot and other complicated fractures of the thigh and leg. Of the value of adhesive plaster, as a means of effecting extension and counter extension and securing quietude to the parts, I shall have occasion to speak fully during the course of the winter. It is sufficient here to say, that I was the first to describe and recommend this method of treatment as early as 1830, and that it is one of the greatest additions to practical surgery of the present day. Another valuable improvement, in the treatment of fractures of the lower limbs, is the starch bandage; or, what is still better, the plaster-of-Paris bandage; originally used by the Moors of Spain, and reintroduced to the notice of the profession, in 1829, by Professor Klüge, of Berlin.

Within the last twelve years the subject of subperiosteal resection of entire bones, or of portions of their shafts, and even of joints, has attracted considerable attention, the operation being founded upon the well-known agency exerted by the periosteum in the regeneration of osseous tissue. Koehler, Troja, Weidemann, and many other of the older surgeons, were well acquainted with this property of the periosteum, and numerous cases are referred to in their writings in which entire bones were reproduced after necrosis. Professor James R. Wood, of New York, has recorded an instance of the complete regeneration of the lower jaw after its removal for phosphorus disease, the periosteum being left intact. If we may credit the assertions of certain writers, as Ollier and Sédillot of France, Creus of Spain, Larghi of Italy, Langenbeck, Neudörfer, and Lücke of Germany, the procedure has already achieved wonders. I have myself, in all the numerous operations that I have performed during the last thirty years for the removal of dead bone, scrupulously respected this envelope, and I presume that there is not an enlightened surgeon anywhere who has not pursued a similar plan of treatment. The subject of the transplantation of the periosteum, so thoroughly worked up by Ollier, who lately published a large and costly treatise upon it, is comparatively new in this country, but will no doubt soon seriously engage the attention of the profession. For my own part, I am disposed to place very little confidence in the merits that have been ascribed to it.

The reduction of dislocations by manipulation, a plan of treatment popularized by Dr. Reid, of Rochester, has superseded the brute force by the pulley; and chloroform, the employment of the lancet, the hot bath, and tartar emetic.

The treatment of diseases of the joints has experienced important changes; pus is freely evacuated with the lancet by direct incision; coxalgia is treated by perfect quietude of the corresponding limb, by what is, absurdly enough, styled elastic extension; and permanent anchylosis, even in some of its worst forms, is readily remediable by comparatively safe and simple measures. The names of Davis, Taylor, Sayre, and Bauer merit honorable mention in connection with these improvements.

The wire suture, concerning which so much has been said and written of late years, although a valuable addition to our armamentarium, is now less frequently used than formerly, and the opinion seems to be gaining ground that metal possesses little, if any, superiority over ordinary silk. If it is less irritating than silk, it has the disadvantage of being less easily removed from the

wound. Where long retention of the suture is required, as in the operation for vesico-vaginal fistule, the wire suture is, in my opinion, justly entitled to preference.

The perineal section, devised by Desault, and revived by Mr. Syme, has been proved to be the only trustworthy method of treatment for the relief of very tight and obstinate strictures of the urethra, especially when complicated with perineal fistule, and great local and constitutional suffering. The operation, which requires an accurate knowledge of the anatomy of the parts for its successful execution, seldom disappoints expectation, and, thus far, the mortality has been very slight.

In ophthalmology vast progress, if not great improvement, has been made. Of the immense activity at present going on in this interesting department of surgery, some idea may be formed, when it is stated that in 1865 one hundred and thirty-seven tracts were published upon it, and not less than two hundred and twenty-four in 1866. In some of the schools, ophthalmology enters into the regular curriculum of a medical education. Paris, Berlin, and Vienna are the greatest centres of this kind of teaching, to which students from all parts of the world flock to avail themselves of its supposed advantages. It is, however, worthy of remark that many of the operations recently introduced into this department are still on trial at the bar of public opinion, and that a long time must necessarily elapse before their actual value can be fully determined, notwithstanding the great attention they are everywhere receiving. With the advances of ophthalmology are honorably associated many distinguished names, but for the first great impulse our acknowledgments are mainly due to Von Graefe, the celebrated oculist of Berlin, who, as an ingenious and accomplished operator, enjoys an unrivalled reputation.

Orthopœdic and conservative surgery are modern creations. Dr. Louis Stromeyer, of Hanover, in 1831, proved by a series of well conducted experiments upon the inferior animals, that tendons, divided subcutaneously, readily unite without the intervention of serious inflammation, and he thus founded a new department of surgery, known ever since as orthopœdic surgery. All the operations for clubfoot and analogous distortions, performed prior to this period had signally failed, because they were not based upon correct scientific principles.

Thirty years ago conservative surgery had hardly an existence, not for the want of conservative teaching and practice, but because the professional mind was not prepared for its reception. Dr. Physick, justly styled the Father of American Surgery, was an eminently conservative practitioner, and he spared no efforts, in his lectures, to inculcate the importance of the subject. He was himself, however, no writer, and at that time there were neither clinics nor clinical reporters to disseminate his doctrines. Hence his teaching fell upon barren soil, and the merit of founding conservative surgery has been awarded to other laborers. Formerly thousands of limbs were sacrificed which would now, under the more rational and enlightened treatment, be preserved. Amputations are much less frequently performed, while resections of the joints, the origin of which dates back to the latter part of the last century, are very common, especially in pathological cases; and the powers of the system to endure disease and operations are vastly better understood.

Plastic surgery, founded by Taliacotius in the sixteenth century, has been greatly extended and improved in this, chiefly through the labors of Graefe, Carpue, Dieffenbach, Zeis, Serre, Von Ammon, Liston, Labat, and Blandin. My predecessor in the chair of surgery in this school, the late Dr. Thomas D. Mütter, performed some very creditable operations for the relief of the horrible deformity of the face and neck so often witnessed after burns and scalds; and my distinguished colleague, Professor Pancoast, devised, early in his professional career, an excellent suture for effecting accurate apposition and maintenance of the transplanted integuments in the construction of new noses. Some of the very finest noses ever manufactured in this city were made with the aid of this suture.

Staphyloraphy is of modern origin, having been first successfully executed, in 1819, by Professor Roux, of Paris. For some very important improvements in the mode of performing this operation, claimed, singularly enough, by a distinguished foreign surgeon, the profession is indebted to the late Dr. J. Mason Warren, who published an account of the procedure in the "American Journal of the Medical Sciences" for 1843. At the time of his lamented death, hardly two months ago, he had operated nearly one hundred times for cleft palate, with a degree of success highly honorable to his dexterity and scientific knowledge. The same surgeon was the first to devise an operation for closing abnormal openings in the hard palate, by raising a flap of muco-fibrous structure on each side of the fissure, and uniting them at the centre.

The operation for hare-lip has been much sim-

plified, and the fact established that it may often be successfully performed within a few days after the birth of the child. Numerous plans have been devised for the radical cure of hernia, but not one, so far as I am able to comprehend them, of an entirely unobjectionable character. The one now generally practised is that of Mr. Wood, of London, a modification of that proposed by Wutzer, of Bonn, in 1838. Dr. Agnew, of this city, has also of late years practised a method peculiar to himself, with what success I am not informed; and Professor Pancoast, many years ago, effected some cures by the subcutaneous injection of iodine.

Surgery shares with medicine the honor of the invention of a number of instruments, due to a knowledge of the science of physics, some of which have already rendered invaluable service to the diagnosis and treatment of disease. These instruments, which are merely natural outgrowths of the stethoscope, the offspring of the fertile genius of Laennec, in the early part of the present century, are the ophthalmoscope, laryngoscope, and rhinoscope, by means of which the practitioner may explore the most hidden recesses of the eye, windpipe, and nose, thereby enabling him to extend the sphere of his observation, and to obtain more accurate information of the disorders of these important structures. To Dr. Desormeaux, of Paris, we are indebted for the invention of the endoscope for inspecting the urethra and urinary bladder; and no doubt, some ingenious physician will before long construct a gastroscope, an instrument, as the name implies, for looking into the stomach.*

In this enumeration, we must not lose sight of the sphygmograph and the thermometer; the former for measuring the force and frequency of the pulse, the latter for determining the heat of the surface of the body in disease; a subject now earnestly occupying the thoughts of numerous observers in different parts of the world, and destined, it is said, to throw much light on the nature and treatment of morbid action, especially the various kinds of fevers.

With the value of the microscope, as a means of diagnosis, every one is familiar. Without the aid of this instrument, the practitioner would be utterly at a loss to distinguish even some of the more common maladies, while the science of medical jurisprudence would literally be deprived of its right hand. In the great work of Professor Wormley, of Columbus, Ohio, on the Micro-Chemistry of Poisons, just issued, it is asserted that with the aid of the microscope, applied in accordance with the methods therein suggested, it is comparatively easy to detect, with unerring certainty, the 100,000th part of a grain of arsenic or mercury. Another contrivance, of incalculable value to the medical jurist, devised only within the last few years, by Mr. Sorby, of England, is the spectroscope, a small mirror attached to the microscope, which, by reflecting the light as it falls upon a spot of blood, however minute, instantly discloses the peculiar nature of hematin. It is said that the characteristic spectrum of a single blood-disc may be thus obtained,

Instruments, denominated atomizers, have recently been invented, and are now much used for throwing medicated and other fluids into the nose, throat, and air-passages, for the cure of inflammation and other affections. A very excellent account of this method of treatment, interspersed with a good deal of personal observation, will be found in an elegant little brochure, published during the past summer, by your teacher of clinical medicine, Dr. Da Costa. Contrivances of a similar kind, employed for the production of local anæsthesia, will be shown to you at the surgical clinic, in connection with some of the minor operations, to which alone ether, rhigolene, and other sprays are applicable.

I have purposely abstained, until this moment, from mentioning, in connection with the more important advances in surgery, the grandest of them all—a boon of inestimable value to the human family. I need hardly say that I allude to anæsthetics. In 1846, the people of this continent were startled by the announcement that a dentist of Boston had discovered an agent which, if properly inhaled, was an effectual preventive of pain in surgical operations, however severe or protracted. The name originally given to this agent was "letheon," and unfortunately for the honor of the discoverer, its true nature was for some time kept a profound secret. It was soon ascertained, however, to be nothing but sulphuric ether, an article long known to the profession, but not as possessing such virtues. The first trials with this agent were made in the extraction of teeth, and it was not until after its success was perfectly established that it was used in the more severe operations, the first of which, consisting of the removal of a vascular tumor of the neck, was performed, while the patient was under its influence, at the Massachusetts Gene-

* Since the above was written, Dr. Milliot, of Kiew, has published an account of an instrument, which he calls the stomatoscope, and which consists of a glass tube, containing a platinum wire connected with an electric apparatus, as a means of illuminating the œsophagus, stomach, or lower bowel.

ral Hospital, on the 16th of October, 1846, by the late Professor John C. Warren.

Although the discovery of anæsthetics had been foreshadowed by the experiments of Beddoes and Sir Humphrey Davy, in the latter part of last century, to Dr. W. T. G. Morton, an ingenious and accomplished dentist of Boston, is unquestionably due the merit of having first applied sulphuric ether, now so extensively employed in this country, for the prevention of pain in surgical operations. Nitrous-oxide gas, the article with which the late Dr. Wells, of Connecticut, performed the experiments which immediately preceded the discovery of Dr. Morton, is now almost universally employed in the extraction of teeth. The anæsthetic properties of chloroform were detected by Professor Simpson, of Edinburgh, in 1847.

Of the vast benefits of anæsthetics in surgical practice, I shall frequently have occasion to speak this winter. Meanwhile, it may be stated that anæsthetics are employed not merely to prevent pain, but also as aids in determining the diagnosis of various affections, as, for example, in sounding for stone in the bladder; in searching for the presence of foreign bodies in wounds; and in the reduction of dislocations and strangulated hernia. Midwifery, too, comes in for a share of the blessings of anæsthetics; and cases occasionally arise in which they may be advantageously employed in medical practice.

Among the most remarkable changes that have taken place in the treatment of diseases within my time, changes amounting to a positive revolution, is the abandonment of emetics, active purgatives, and venesection. Until within a comparatively short period, these agents were the great remedies for combating morbid action, and it is therefore not surprising that their employment for a long time should have been universal. To be sick, however slightly, and not to be freely vomited, purged, and bled, was an anomaly; to permit a patient to die without subjecting him to these ordeals, was a crime. If a man had a headache, an irritable stomach, or any disorder of the digestive organs; or if, in the language of the day, he was "bilious," a very common and popular expression, the very first medicine that was generally prescribed, was an emetic of tartrate of antimony and potassa, followed, within a few hours, by an active cathartic, of which calomel, or calomel and jalap, formed the principal ingredients. The object of the emetic was to rid the stomach of bile and other impurities; of the cathartic, to correct the secretions, especially of the liver, and to effect thorough evacuation of the bowels. If there was any arterial excitement, and if this excitement was not subdued by these remedies, blood was next freely drawn from the arm in a full stream, so as to produce not only a powerfully depressing, but also a decidedly spoliative effect. If the arterial action was very considerable, the lancet, instead of following, preceded the emetic and cathartic. The repetition of this course, of which this is a rapid outline, was of common, I might add, of constant occurrence. There were few patients whose ailments were at all severe or obstinate, who, on their recovery, if they were so fortunate as to survive this practice, could not boast of at least two or three copious bleedings, and of having swallowed twice that number of emetics and cathartics. This treatment prevailed both in city and country, though in the former, as the patients, from their peculiar habits and modes of life, were less able to bear very active depletion, its employment was less frequent.

The abandonment of this treatment, a treatment well entitled to the term "heroic," has for years past been complete. An emetic of any kind is now rarely given, no matter what may be the nature of the disease; drastic cathartics are less frequently administered; and as to venesection, even in the treatment of the more violent and dangerous affections, as, for example, pneumonia, pleurisy, gout, and rheumatism, in which it is said to have once been so beneficial, every one looks upon it with a sort of holy horror. The lancet, formerly the inseparable pocket-companion of the physician, now rests quietly in its case, encrusted with rust, a thing of the past, an object of curiosity and reproach. The divorce is complete. Young Physic boasts that he has never seen a lancet, and expresses surprise that such a weapon should ever have been in such universal use. Taking the practice of the present day as his standpoint, he cannot see why such a sanguinary operation should ever have been necessary. He looks with disgust at the conduct of his predecessors, loudly declaims against their want of judgment, and, like the Pharisee in the Bible, devoutly thanks God, that he is not like other men. Scrupulously abstaining from the spilling of blood, he entrenches himself behind his wine, his whisky, his brandy, his milk-punch, and his beef-essence, bids defiance to disease, and, in the triumph of his pride, regards himself as the very god of physic, to whom alone are confided the secrets of the healing art. He parades his statistics, counts few, if any losses, and is not only a benefactor to the

State, but a positive clog to the undertaker and the resurrectionist.

This change of practice reminds one forcibly of the story of Sganarel, the mock doctor, in the comedy of Molière, who, upon a doubt being expressed by Geronte that the heart was on the right side, and the liver on the left, replied, "Yes, it was formerly so; but we have altered all that, and we now practise medicine after quite a new method."

Whence, and wherefore are all these mighty, these astounding changes in our method of dealing with disease and death? Are they due to some radical alteration in the condition and habits of man himself, to a change in the type of dis ease, or to the improved knowledge and increased wisdom of the modern physician, and to his more intimate acquaintance with the virtues of certain remedies? These are momentous questions, upon the proper solution of which must depend much of your success, or want of success, as practitioners of the healing art.

If there has been any material physical degeneracy of the human race, as it manifests itself to me in my daily intercourse with the people around me, I have not been able to perceive it. They seem to be as tall, as hardy, as well-proportioned, as healthy, as capable of enduring labor and fatigue as the people were forty years ago. They have not, so far as there is any outward evidence of it, undergone any essential change in their habits or modes of life. They use similar food and drink, follow similar occupations, breathe a similar atmosphere, indulge in similar amusements. If they eat beef and mutton, terrapin, croquets, oysters, and chicken-salad, fortified with champagne, whisky, and brandy, so did the people a generation ago. If we go into the rural districts, we shall find the same remarks to be applicable. Nowhere is there any evidence whatever of deterioration of the race. During the late war the most abundant proof was furnished on both sides of the line, of the extraordinary power of endurance among the soldiers, in the astonishing marches which, on more than one occasion, were performed, feats which were never surpassed, if, indeed, equalled, by any armies either in ancient or modern times. If the races of the Old World are deteriorating in stature and muscle, I repeat that I know nothing to justify the belief that such changes are occurring among the inhabitants, native and foreign, of this mighty continent, the best fed, the best clothed, the best housed people on the face of the earth.

It has been asserted that the change in our treatment has been caused by a change in the type of disease. This, indeed, is the prominent doctrine of the day, endorsed by many of the most enlightened physicians, surgeons, and accoucheurs throughout the civilized world. It is based upon the assumption, at first sight plausible enough, that disease has lost much of its inflammatory character, and that, owing to some peculiar condition of the system, hitherto not satisfactorily explained, it has a strong tendency to run into a typhoid state, thus absolutely forbidding the use of the lancet and other depletory measures, formerly so much in vogue, and imperatively demanding the employment of alcoholic stimulants and a generous diet. This doctrine of a change in the type of disease is not new. Distinct mention of it is made by some of the older writers. As a matured plan of treatment, however, it was originally enunciated by John Brown, of Edinburgh, generally known as the founder of the Brunonian system of medicine, a pupil and afterward a rival of Cullen, who, in order, apparently, to bring discredit and contempt upon his master and the celebrated school of which he was the chief ornament, taught that there were two distinct classes of diseases, the sthenic and asthenic, the former, as the name implies, being attended with over-action, the latter and the more frequent of the two, with debility or exhaustion. Brown discarded active depletion altogether, and trusted wholly to opium and alcoholic stimulants, of which he himself was a habitual consumer, for the cure of diseases. Although he was a mere sot, and finally perished, at a comparatively early age, from the effects of his intemperance, his doctrines rapidly spread over Europe, and, for a time, completely enchained the minds of many of the most distinguished physicians, especially in Italy and Germany, the field of its greatest and wildest luxuriance. A lull, however, at length ensued, and for upward of a quarter of a century Brunonianism was nearly forgotten, when it was revived by the late Dr. Robert Bentley Todd, Professor of Physiology and Pathological Anatomy in King's College, London. Connected with a large hospital, the inmates of which were, for the most part, of a broken-down, dilapidated constitution, he was forced, despite the prejudices of his education and the habits of his early life, to abandon depletory measures, and to rely solely upon the use of stimulants, tonics, and a generous diet. As he was a fascinating teacher, and an able writer, his views rapidly spread from Europe to this country, where they were soon re-

ceived by the great body of medical men as sound and reliable guides in practice.

Todd, it will thus be perceived, went a step further than his Scotch prototype; for, while the latter taught that one class of cases required depletion and the other stimulants, the London physician abandoned himself entirely to the latter, zealously maintaining the doctrine of a change of type of disease, and the consequent inability of the patient to bear the loss of blood, generally even by cupping and leeching. That a man of the transcendent ability of Dr. Todd should have fallen into such an astounding error is not a little surprising; the circumstances can only be explained upon the assumption that he had a very limited private practice. This, at all events, is a reasonable construction. Seeing chiefly hospital patients, enfeebled by neglect, intemperance, and starvation, he could hardly have reached any other conclusion. His patients had no blood, no muscle, no life-power. Stimulants and tonics were necessary at the very outset of the treatment. The system required to be upheld; not depressed and depleted. The class of cases attended by Dr. Todd were such as are to be found in every eleemosynary institution in every crowded city in the world. The Philadelphia Hospital, as you will see by and by, is filled with them, and there is hardly, at any time, summer or winter, spring or autumn, an individual within its wards, whatever may be the nature of his ailment, who could bear the loss of ten ounces of blood with impunity, or one whose condition would not be rendered materially worse by an active emetic or an active cathartic.

In promulgating his doctrine, one of the most pernicious in the annals of medicine, Todd forgot that there is in every community a class of patients the very opposite to that just referred to—the well-fed, the plethoric, the comparatively robust—those whom Brown designated as the sthenic. Will any one who knows anything of the nature and treatment of acute disease affirm that such patients would not be benefited, vastly benefited, by a little leaven of the "old practice," the lancet, and at least an active cathartic? Will any one contend that inflammation—pneumonia, pleurisy, gout, and dysentery, to which such persons are particularly subje t—is less active, less destructive than it was a generation ago? I imagine not; at all events there is no evidence of it. Already the doctrine, with the practice based upon it, is tottering to the ground. Some of its ablest advocates have already renounced it as false and dangerous, as an ignisfatuus, only calculated to mislead the thoughtless and the unwary.

Three circumstances, so far as I am able, from much observation and reflection, to form an opinion, lie at the foundation of these extraordinary changes:—a more comprehensive knowledge of the efficiency of certain remedies; a greater reliance upon the powers of nature; and the influence of fashion in shaping the conduct of physicians.

1st. Every one familiar with the progress of materia medica within the last quarter of a century, is aware of the valuable additions that have been made to the stock of our knowledge. It is only necessary here to refer to aconite and veratrum viride; the former a European, the latter an American remedy. Both of these articles are most powerful depressants, daily employed in the treatment of inflammatory affections. A few drops of either, repeated every hour or two, will speedily reduce the force and frequency of the pulse, open the pores of the skin, lessen pain, and relax the system. These agents, of which the teachers and writers of my student-days were entirely ignorant, are among the most potent and trustworthy antiphlogistic remedies at present known, and they have effectually, in the hands of most practitioners, usurped the place of the lancet, the emetic, and the cathartic.

2dly. Experience has shown, especially since the introduction of homœopathy and various kindred illusions, that Nature alone, without any aid whatever from medication, properly so-called, is often competent to cure disease, particularly if very mild, and the patient do not, by any indiscretion, interfere with her operations. This fact is now so thoroughly established as not to require any elucidation. It is the platform of Young Physic. The older a practitioner grows, the less medicine he generally gives; for he well knows that perfect rest of mind and body, and abstinence from stimulating food and drink, are frequently more effective in arresting and dislodging morbid action then the most potent article of the Dispensary. Radcliffe, in his old age, pithily said, "When I was young I had fifty remedies for every disease, now I have hardly one remedy for fifty diseases." Hippocrates, Galen, Sydenham, Boerhaave, Cullen, Hunter, Rush, were all believers in the healing power of Nature. A knowledge of this power, which deserves to be profoundly studied, is the basis of the success of the practice of Hahnemann and his disciples. Globules which can be swallowed with impunity by the ounce, cannot exert any

positive curative agency. While they soothe the patient's mind, Nature does the work.

3dly. Fashion has often much to do in moulding the practice of physicians. It is as much of a tyrant in our profession as it is in millinery, in mantua-making, and in the cut of one's coat. Eugenie introduced the crinoline, simply because she desired to conceal a temporary defect in her person—a defect of which most ladies who love their lords are proud—and the "skeleton" speedily found its way into every house in the civilized world.

It is impossible to account for the whims and caprices of the human mind. Weakness is its great essential characteristic. There is nothing, however absurd, that it will not believe. We express surprise when we hear that a great medical luminary has succeeded in attaching his name to some particular theory or mode of practice, and is thus completely revolutionizing the sentiments, not merely of the lesser lights of the profession, but of men who, in point of talent, judgment, and skill, are in all respects his equal. It is still more curious to find that certain diseases have been, at times, fashionable. When Louis XIV. suffered from anal fistule, that loathsome disease became at once the fashionable ailment of his debauched court. Dukes and duchesses, counts and countesses, virtuous women and courtesans, all either had the disease, or affected to have it. "'Tis a distemper," says Dionis, "grown in fashion since that which the king had, and on which the chirurgeons were forced to perform the operation in order to its cure. Several of those who before that time carefully concealed their having it, are not now ashamed to publish it, and some courtiers have even chosen Versailles for the place where they will undergo the operation, because the king should be informed of all the circumstances of their indisposition. Those who have only a small draining, run immediately, and turn up their posteriors to a chirurgeon for him to make incision. I have seen above thirty who desired to have the operation performed, and whose folly was so great that they seemed angry when they were assured that they did not at all want it."

There are even fashionable physicians. A handsome face, bland manners, and an elegant dress, with a stylish carriage and groom, have often done more in securing practice than the most profound talent and attainment. When Dewees was in the heyday of his glory, as an obstetric practitioner, there was hardly a fashionable woman in Philadelphia who would consent to be delivered without his aid. In one instance, recorded by the distinguished accoucheur himself, the lady actually went nearly one month beyond the ordinary term, purposely, it may be imagined, to have the gratification of his attendance.

It is within the recollection of the older members of the profession, both in Great Britain and in this country, how fashionable liver complaints were forty years ago, in consequence of the influence of the writings of Faithorne and Johnson. All cases of dyspepsia, intercostal neuralgia, and chronic cough, were referred to disorder of this organ, which, in most instances, was as innocent of their accusation as the babe in the womb is of the sins of its mother. When Corvisart, physician to Napoleon, published his treatise on diseases of the heart, cardiac affections became at once exceedingly prevalent. Twenty-five years ago all the women of America labored under spinal irritation. Mr. Teale, of England, and the late Professor John K. Mitchell, of this city, had each published a tract upon the frequency and importance of this affection, and for a number of years it was the dominant complaint. The late Dr. Horace Green, of New York, popularized throat diseases, and, for a time, the tyrant, fashion, ruthlessly sacrificed every tonsil and uvula that had the misfortune to come in the way of the physician. At present, diseases of the uterus are the fashionable disorders. Not to have an ulcer upon the womb is to be beyond the pale of the sex. Every chronic complaint to which women are subject is at once referred to this malady, and they are as angry when told that there is nothing of the kind, as were the courtiers and others in the time of Louis XIV. when informed they had no fistule. Doctors and patients alike have womb on the brain.

Dr. W. D. Buck, of New Hampshire, in an address before the Medical Society of that State, has so admirably hit off this proclivity, that I cannot forego the pleasure of quoting some of his remarks. Speaking of the uterus as a harmless, inoffensive little organ, stowed away in a quiet place, "it furnishes," he jocosely says, "a capital field for surgical operations, and is now-a-days subject to all sorts of barbarity from surgeons anxious for notoriety. Had Dame Nature foreseen this, she would have made it iron-clad. What with burning and cauterizing, cutting and slashing, and gouging, and spitting and skewering, and pessarying, the old-fashioned womb will cease to exist, except in history. The Transactions of the American Medical Association have figured one hundred

and twenty-three different kinds of pessaries, embracing every variety, from a simple plug to a patent threshing-machine, which can only be worn with the largest hoops. They look like drawings of turbine water-wheels, or a leaf from a work on entomology. Pessaries, I suppose, are sometimes useful, but there are more than there is any necessity for. I do think that this filling of the vagina with traps, making a Chinese toy-shop of it, is outrageous. Our grandmothers never knew they had wombs, only as they were reminded of it by the struggles of a healthy fœtus, which, by the by, they always held on to. Now-a-days, even our young women must have their wombs shored up, and if a baby accidentally gets in by the side of the machinery, and finds a lodgment in the uterus, it may, perchance, have a knitting-needle stuck in its eyes before it has any."

Within the last few years, diseases of the larynx have been rapidly rising into distinction, and are likely, for a time, to exert an extensive influence upon the credulity of the people and the practice of the profession.

[To be continued.]

On the Employment of Digitalis in Mania.

Dr. Isambert, of Paris, reports in the *Bull. de Thér.* lxxiii, p. 42, July 15th, a case of Lype mania, in a boy fourteen years old. Choreaic movements, with violent delirium were followed by maniacal paroxysms which rendered the temporary use of a straight-jacket necessary. Thirty drops of tincture of digitalis given daily made the chorea-like movements almost entirely disappear, and the violence of the delirium diminish, so that the boy no longer annoyed the other patients during the week that he remained in hospital previous to his removal to an asylum.

Case of Quintlet Birth.

Dr. Galopin reports in the *Journal de Bruxelles*, xlv. p. 48, July 1867, the case of a woman of Illiers, forty years old, whose seventh pregnancy commenced November, 1866. She has had twins once before, and five times single children. In April, 1867, although only five months gone, she was as large as women usually are at the end of term. On the 26th of April, colic-like pains set in, which becoming like labor pains, the next morning a midwife was called, who found the os dilated, and rupturing the protruding bag of waters, delivered the woman of a child, which with intervals of twenty to thirty minutes, was followed by a second and a third. As the abdomen was still large, and the midwife feared flooding, Dr. Galopin was called in, who delivered the woman of a fourth child, and after a quarter of an hour on trying to remove the afterbirth, a fifth child was found and born. All five children were born alive and lived from four to seven minutes. The labor had not been either very tedious or difficult. All five children were males, well built, and as well developed as normal fœtuses of five and one-half months usually are in a single birth. There were two placentas which were united on one side, and five distinct umbilical cords, three being inserted in one, and two in the other placenta. After the labor was completed the uterus contracted normally, and the woman made a good recovery.

Nebulized Æther for Relieving the Pain of Neuralgia.

Dr. Horand, of Lyons, communicates several cases to the *Journal de Med. de Lyon*, June, 1867. Although the influence of nebulized æther thrown upon painful portions of the body may not be permanently curative, he recommends it very highly, as at least a temporary means of relieving the severest neuralgia.

A Model Middle-class Asylum for the Insane.

Now that the subject of middle-class asylums for the insane is being publicly discussed, it may be useful to refer to the success of the Crichton Royal Institution, which is the model middle-class asylum for Scotland. It took its origin in a handsome bequest, some twenty years ago, by Dr. Crichton. Under its present constitution, a large number of patients of various classes are admitted, at payments, varying upward from as low sums as £15 or £20 a year. At this asylum, the arrangements for the comfort and entertainment of the patients are perhaps more complete than at any other in the country. The patients print a fugitive periodical sheet, which is called *The New Moon*, and often contains very creditable, as well as some very curious prolusions. The patients give their own parties to their friends and neighbors. The asylum is under the management of Dr. Gilchrist, who takes care, besides superintending these arrangements, to provide for instruction in languages, drawing, and music, to those who are willing and able to profit by it. Such an institution for London would undoubtedly be a great boon. The Crichton Institution is connected with the county asylums of Dumfries, Wigton, and Galloway; and, if a similar institution could be associated with St. Luke's and Bethlem Asylums, where provision is already made for acute cases of insanity amongst the middle classes, a very satisfactory organization might be achieved.—*British Med. Journal.*

Reviews and Book Notices.

NOTES ON BOOKS.

"The Cincinnati Medical Repertory" is the name of a new periodical established in Cincinnati, under the editorial superintendence of J. A. Thacker, M. D. It appears monthly, and promises well in respect to articles.

A new edition has been published by S. S. White, of Philadelphia, of a little tract, useful to the dentist specialty, entitled, "A Concise and Practical Description of the Fifth Pair of Nerves, By Jas. E. Garretson, M. D., D. D. S., etc.," with a full sized colored plate, by Dr. H. A. Daniels.

The Medical Society of Harford co., Md., have published their constitution and by-laws, together with the code of ethics, fee-bill, and list of members, in a neat little pamphlet. The example is one worthy of general imitation.

Though not a professional work, we may mention that Dr. G. Naphegyi, formerly surgeon in the Mexican service, is about publishing, with Messrs. Lippincott & Co., of this city, an "Album of Languages," containing the Lord's Prayer in one hundred tongues. It will be found of interest to all interested in philological studies.

The "Thirty-fifth Annual Report of the Managers of the Pennsylvania Institution for the Blind," shows that excellently managed establishment in a flourishing condition. It may not be generally known that a quarterly magazine in raised letters for the blind is there published, and the progress of many of the students so conspicuous, that it has been suggested to establish a college for a higher course of instruction.

The "Report of the Trustees and Superintendent of the Maine Insane Hospital, Dec., 1867," has, among other interesting material for the mental pathologist, some remarks by Dr. Harlow, the Superintendent, on the frequency of insanity from abuse of the sexual organs. "More mental suffering," he remarks, "is caused by a perversion of these organs than can be traced to any other one source."

This view is supported by the figures in the "Thirteenth Annual Report of the Trustees and Officers of the Northern Ohio Lunatic Asylum, for the year 1867," in which the probable cause, "masturbation," is assigned to a larger number of cases than any other antecedent. The report of the Superintendent, B. Stanton, Esq., is brief and lucid.

From the same State we have received the "Annual Report of the Directors and Warden of the Ohio Penitentiary for 1867." It indicates a most praiseworthy energy on the part of the officers to improve the moral and mental condition of the unfortunate class of society entrusted to their care.

Dr. Edwin M. Snow's "Alphabetical List of Persons Deceased, Born, and Married, in the City of Providence, during the year 1866," is an admirable statistical compilation, which we hope to see not only continued in the future, but imitated by other cities in our country. We refer to it more in detail elsewhere.

The same able physician has lately presented to the Rhode Island Legislature a "Report upon the Sanitary Effects of Filling the Cove Basin in the City of Providence," in which he argues very forcibly against such a proceeding, and, it seems to us, on very good grounds.

An excellent practical pamphlet, of some seventy odd pages, has been published by Dr. F. R. Squibb, of Brooklyn, entitled, "Pharmacy of the Cinchonas, and of Podophyllum, with Suggestions upon their Therapeutic Uses, Modes of Application, and Tests of Quality." It is a continuation of his papers on the subjects of economy in the use of alcohol and percolation, which have, from time to time, appeared in the proceedings of the American Pharmaceutical Association, and in the *American Journal of Pharmacy*. It should be read by all interested in these important subjects.

A "Lecture Introductory to the Course of Orthopædic Surgery, delivered at Bellevue Hospital Medical College, by Prof. Lewis A. Sayre," (New York, Moorhead, Simpson, & Bond,) sustains the well-known reputation of the writer. We observe he spells the name of his specialty, "orthopædy," and derives it from ὀρθός and παιδεύω, "to educate to straightness," which is certainly more consonant with its ordinary use than Webster's derivation from ὀρθός and *pes*, a foot, or Dunglison's, from ὀρθός and παῖς, a boy. Let us adopt Professors Sayre's etymology, and henceforth discard all such orthographies as *orthopedy* and *orthopœdy*.

Photographs of Skin Diseases taken from Life, under the superintendence of Howard F. Damon, A. M., M. D. Boston: James Campbell, 1868. For sale by Lippincott & Co., Philadelphia. Price per number, two Photographs, $1.00. Each series, six Photographs, $3.00.

This is a new undertaking for this country, and we hope it will succeed. No part of diagnosis is more difficult than that of skin diseases,

and no better way to simplify it could be thought of than these pictures from life. They are very artistically executed, and display with unmistakable clearness the various dermic lesions. The present (second) series contains alopecia, herpes, and ichthyosis, two photographs of each.

The Half-yearly Compendium of Medical Science; A Synopsis of the American and Foreign Literature of Medicine, Surgery, and the Collateral Sciences. For six months. Edited by S. W. Butler, M. D., and D. G. Brinton, M. D. Part I. January, 1868. 1 vol., pp. 272. *Price*, $2.00. Subscription for one year, $3.00 in advance.

The editors, in venturing into the field of medical journalism with a semi-annual synopsis of the facts and discoveries in the science of medicine, have done so under the belief that there is no work in English which fully covers the ground, and is entirely adapted to the American mind. The British half-yearlies, by Dr. Ranking and Dr. Braithwaite, rarely notice any American Medical Journal, and never more than one or two; the retrospect of the latter confines itself to English journals only, hardly ever having an extract from those of the continent of Europe, and is moreover objectionable on account of the length, and consequently limited number of its articles. Ranking's abstract is better in this respect, but its quotations from German and French periodicals are nearly all at second hand, and are insignificant in number.

The Half-Yearly Compendium intends to levy contributions directly from every prominent journal of the world, to give the cream of every medical monograph published, and to cull from the proceedings of Societies whatever is of practical value to the working physician.

This first number, though of course it is not so perfect as it should be, nor as it will be when a more thorough organization is completed, compares most favorably, both in appearance and contents, with either Ranking or Braithwaite. In the first place, the page is a little larger, the type is clearer, the paper very much better, and the thickness about the same.

For January, 1868, *Braithwaite* has 114 articles, *Ranking* 270, The Compendium 340.

Several departments, such as Dentistry, Veterinary Medicine and Surgery, State Medicine, and History of Medicine, omitted in both the others, are here treated at length. The American and English medical journals have all been carefully gone over, and among those in foreign languages, extracts are made directly from German, French, Italian, and Portuguese sources. The proceedings of medical and pharmaceutical societies are represented, and various monographs are quoted. The articles are short and to the point; and we venture to say that not a single valuable fact in the vast field of medical science has transpired during the last six months, but will be found in its pages.

Pathological Anatomy of the Female Sexual Organs. By Julius M. Klob, M.D., Professor at the University of Vienna. Translated from the German by Joseph Kammerer, M. D., and Benjamin F. Dawson, M. D. New York: Moorhead, Simpson & Bond. 1868. 1 vol., 8vo., cloth, pp. 293. *Price*, $3.50.

The fame of Klob as a profound gynœcologist, is familiar to all who have paid any attention to the German literature of that specialty. This first volume, which is devoted to affections of the Uterus, will extend his reputation widely on this side of the Atlantic. It is a comprehensive, scientific, thoroughly exhaustive treatise, such as we may look for in vain outside of Germany. It is true that its style and arrangement are better adapted to a European than to an American class of readers, but these objections are in great measure overcome by the care and tact with which the translators have done their work. None can appreciate the labor they have expended, but those acquainted with the original.

The volume describes, first, the "Anomalies of Formation" of the Uterus, both those which are primary, those occurring during childhood, and later in life. It then takes up the "Anomalies of Nutrition," such as hypertrophy, atrophy, catarrh, ulcerations, etc., and finally treats of the "Puerperal Affections of the Uterus," metritis, peritonitis, hæmorrhage, etc. The literature of the different subjects discussed is fully and critically mentioned at the head of each section.

As for the paper, type, and proof reading, the name of the energetic and tasteful firm who are the publishers, are sufficient guarantee that they are as far above criticism as any productions from the American press.

Music.

We have received from J. L. Peters & Co., 200 Broadway, New York, a copy of the United States *Musical Review*, for February. The *Review* is a monthly magazine of 32 quarto pages, at $2 per annum, and is filled with interesting articles of value to musicians, and choice selections of music. We will furnish the *Review* to subscribers to the Reporter, at $1.50.

We have also received from Tremaine, 481 Broadway, New York, the following pieces of select music: "The Smile whose Sweetness Won Me," "The Soldier's Prayer," and "Day by Day."

Medical and Surgical Reporter.

PHILADELPHIA, FEBRUARY 8, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

THE DECAY OF THE NATIVE AMERICAN POPULATION IN THE UNITED STATES.

This much discussed question has been receiving renewed attention of late. The gentlemen who are as prominent as any in the matter, are Dr. Edwin M. Snow, the well known statistician of Providence, and Dr. Nathan Allen of Lowell, Massachusetts. Singularly enough, they take diametrically opposite sides. Dr. Allen is of opinion that there is a very ominous prospect that the F. F's of the whole country will in a little while become extinct; that of the immense cargo which "came over in the Mayflower," in a few generations, no trace will be left but the articles of furniture, as all the lineal descendants of the Puritan fathers are in a fair way to die out. The cause of this, he hints, is chiefly found in the various shortcomings and improper habits of the female sex. However ungallant this charge may be, it becomes us to notice it fairly, and give it all due weight. But not to follow the example of the philosophers in the well known anecdote variously attributed to Louis XIV., Charles II. and Dr. Franklin, who commenced with diligence to explain why a turbot placed in a tub brimful of water would not cause the fluid to run over, before they had ascertained that such was the fact, let us convince ourselves that any such diminution is really going on.

Dr. Snow, whose careful study of statistics gives his opinion a weight possessed by few others, in a recent pamphlet entitled "Alphabetical List of Persons Deceased, Born, and Married in the City of Providence during the year 1866" (Providence, 1867), does not find the statement beyond attack. In a review of this interesting document in a Providence journal, the writer gives Dr. Snow's results as follows:

"The question of the decadence of the native American population of New England and the increase of the 'foreign' element, is greatly troubling some of our would-be philosophers, not one of whom, it is certain, can trace back his own native American blood more than two hundred years before he finds that his ancestors were nothing but 'foreigners.' It is difficult to understand exactly what these men mean. They undertake to prove that the native American race is running out, and do it by denying that about two thirds of the native born children in New England are native Americans. What nonsense! The native American population of New England running out! Look at Providence. During the year 1867, there were 1600 children, more or less, born in Providence. It is certain that every one of these was a genuine native American. During the same year only 528 persons of American parentage died in Providence, showing a gain of at least 1100 to the native American population of the city in a single year. If our readers find any fallacy in this reasoning, we respectfully refer them to the principal advocates of the doctrine of the decadence of the American population, for an explanation.

"The truth is, the native American population of New England was never increasing faster than it is to-day; but its character is entirely different from what it was in years gone by, and it is fast changing. The distinction of parentage and nativity, in the vital statistics, as it is given in our city and State, and nowhere else, furnishes most important information respecting this change in our population, and enables us to measure its extent and judge of its effects. Our statesmen and philosophers will do well to study these changes, and strive to direct the results; but they much better accept the situation, and cease their useless grief over what cannot be helped, and what, perhaps, had better not be changed if it could be."

We must say, however, that this does not look to us a perfectly fair statement of the question. The point is dodged. Dr. Allen and his party would say that marriages between persons both born in New England, are as a rule less fruitful than those in which either bride and groom, or both, are of foreign parentage. This so far as Boston and Massachusetts are concerned, has been conclusively proven, and the fallacy of the Providence reviewer is very clear.

Whether it holds good in other States is still to be inquired. We are inclined to think that it does not, in any of the middle or western States, judging, however, rather from observation than statistics.

The causes of this diminished fecundity, as we have before urged in the Reporter, are complex, and as yet difficult to set forth in full. They seem connected with certain great social laws, partly founded in the altered relations which increased wealth and culture

bring about between the sexes, partly in a natural principle of compensation, analogies to which are discoverable in other organic beings of lower formation, in accordance with which the reproductive forces are excited in inverse proportion to the expectation of life in the aggregate of individuals generated. Probably of a given number of children born of native American parents, a greater number arrive at the age of puberty, than in an equal number from foreign born or mixed parents. That the habit of criminal abortion has any especial bearing on the question, we agree with Mr. Apollonio, Registrar of Boston, Dr. Snow, Registrar of Providence, and other capable inquirers in discrediting.

Notes and Comments.

Death from Mere Pain.*

A case of interest was before a Coroner's jury on the 10th of January, in Louisville, Ky., involving, if we rightly understand it, a supposed death from the use of chloroform. We make the following quotations from the testimony of Dr. T. S. Bell:

"Dr. Bell said that the mere fact that a case of death occurs during the administration of chloroform, does not necessarily make them stand in the relation of cause and effect. In many cases the relation may be nothing more than mere coincidence. Ambrose Pare, an ancient and renowned surgeon, mentioned cases of death where the only cause seemed to be mere pain. Heister, an ancient German, a very reputable surgeon, gave similar instances. Travers, in his great work on 'Constitutional Irritation,' records similar cases. No trace of any cause could be found. Dr. Bell said he knew of a case in this city, in which a lady in apparently perfect health, passed instantaneously, after a single shriek, into death, and a careful, thorough *post-mortem* examination, made by four physicians, failed to reveal even a trace of any cause for the death. Every organ in the system was in a perfect condition for health, instead of death.

"Dr. Bell then illustrated the subject further, by detailing a case that occurred a few years ago in Oldham county. A young lady, fifteen years of age, recognized by all who knew her, as one of the most healthful girls in the county, rode three miles from home, to her physician, for the purpose of having a tooth extracted. She requested the use of chloroform, and it was given with very happy effect. One year from that time, still in the enjoyment of vigorous health, and recognized by all who knew her as one of the healthiest girls of the county, she rode on horseback to the residence of the physician who had extracted a tooth for her one year before. She went for the purpose of having another tooth drawn. On this occasion she determined to do without chloroform. The physician told Dr. Bell that when the tooth started from its socket the young lady gave the most unearthly shriek he had ever heard. After a short time she went to her horse, was helped on it, and she started home. The family could see her approach some time before she could get to the house, and noticed that the bridle reins were lying loose on the horse's back, and that the young lady was lying across the saddle. Some of her relatives ran across the farm, and upon reaching the horse found her utterly unconscious. A messenger was sent for her physician. He summoned a neighboring physician to assist him. They remained with the case all night, and the young lady died about daylight the next morning, without any recovery of consciousness.

"Now if this young lady had taken chloroform on this last occasion, her death would have been ascribed to that agent, for the simple reason that no other cause could be imagined. Yet she went into unconsciousness, and died mysteriously, without any cause of which we can reasonably conceive. It is not, therefore, obvious, by any means, that because a person dies while inhaling chloroform, that chloroform is necessarily the cause of death, because it is notorious that thousands of sudden, mysterious, inexplicable deaths occurred before chloroform was known."

The Preservation of Anatomical Preparations.

Dr. Duchenne, of Boulogne, has availed himself for five years of Van Vetter's plan of preserving anatomical preparations, with the most gratifying success. Seven parts of glycerine are mixed with one part of brown sugar, and one-half part of saltpetre; and the specimen to be preserved is immersed in this mixture for a greater or less length of time, according to the size of the specimen; thus, a hand, for instance, requires a week's immersion. After first being taken out, the part is immovable and stiff, but hung up in a dry and warm place, the superfluous glycerine evaporates slowly, and the muscles and joints become soft and pliable. To prevent mouldiness, the specimen is then varnished, and must always be kept in a rather warm and dry

* A Report of the case referred to here, appears in another column.—Eds.

place. Dr. Duchenne states (*Gazette des Hôp.*, 84, 1867,) that he demonstrated the motions of the middle finger in a hand exposed to the air for four months.

Correspondence.

FOREIGN.

Letter from Paris.

Paris, Jan. 8th, 1868.

Iodoform in Cancer of the Uterus.

At the municipal Maison de Santé, in the service of M. Demarquay, some remarkable cases have been recently observed of the beneficial influence of iodoform upon cancer of the uterus. Without in any way hindering the march of the disease, this agent seems able to diminish the suffering to an extraordinary degree. The first case related is that of a patient who entered the Maison perfectly exhausted with hemorrhage and pain. A basselated tumor occupied the uterine orifice. After a day or two of expectation, the physician introduced into the vagina a suppository composed of ten grammes of butter of cacao, and fifty centigrammes of iodoform. During four or five days, no benefit was derived from this treatment, but on the sixth, the suppository was pushed into a cavity of the tumor, and from that day the pains ceased, as by enchantment. Certain digestive troubles disappeared, the patient's appetite and sleep returned, and very soon she found herself so completely comfortable, that she had no doubt of her rapid recovery. The suppository was introduced every two days during three months, and the comfort of the patient was undisturbed to the last moment. After several days of extreme feebleness, in which the dying woman never ceased to bless the remedy which she believed had saved her life, death supervened, but disguised by the most complete euthanasia.

In another patient, of whom the observation is not yet complete, a similar remission of suffering was also obtained.

It is necessary that the inflammatory period of the disease should have ceased before the local application of iodoform be attempted.

Instead of a suppository, an emulsion of iodoform may be applied upon lint to the tumor. This emulsion may be prepared with one part tincture of iodoform and four parts glycerine.

Oxygen in Diphtheritic Paralysis of the Soft Palate.

Dr. Fancher inserts a note in the *Union Médicale*, on the application of oxygen in diphtheritic paralysis of the soft palate. He relates two cases in which inhalation of the gas had effected cures, where ordinary tonic treatment, continued for several weeks, had proved unavailing. In the first case only two inhalations were taken, and at an interval of four days. The case was complete after the second dose, although a paralysis of the lower extremities continued a month longer. In the second case, marked amelioration was obtained by the first inhalation. Five days later, as the patient was still languishing, the oxygen treatment was repeated; several pounds were consumed in six days, and dissipated a paralysis of the limbs that had begun to manifest itself. Six weeks later, after neglect of tonic treatment, the limbs again became benumbed, and the inhalation was repeated during four days, this time with complete and final success.

Hysteria Simulating Meningitis.

In M. Bouillaud's service at La Charité, has recently occurred one of the most singular and interesting cases that it has been my fortune to observe.

The patient, a woman of about 28, had suffered, four years previous to admission to the hospital, from what appeared to be a cerebral attack, accompanied by hemiplegia of the left side. The hemiplegia, which involved also the sphincters, lasted five months, but the recovery was perfect, and since that time her health had been tolerably good. At the date of entrance, the actual symptoms were slightly marked, and pointed to no definite disease. But the patient had been "under the weather" for three weeks, vomiting continually, and suffering from restlessness at night, and bad dreams. She was now rather heavy, and inclined to sleep, the pulse somewhat slackened, skin of a normal temperature, bowels confined. Anorexia was marked, but the tongue was not febrile. The first day, treatment was confined to expectation. The second, the cerebral symptoms definitely developed themselves, the patient began to complain of cephalalgia, which continually increased in violence, and elicited a subdued groaning. Slight double internal strabismus declared itself, and on the third day was extremely pronounced. On this day, also, delirium commenced, and continued with violence through several nights, sinking into demi-coma in the daytime, during which the patient was quite unconscious. Decubitus dorsal, but there was no grinding of the head or teeth. The constipation was excessively obstinate, but vomiting had ceased, and did not renew itself until several days later, when the

consciousness of the patient returned. The pulse was slow, full, and tense, and the skin became moderately hot. The first day of the appearance of these various symptoms, the treatment (unusually unheroic for the wards of M. Bouillaud) was confined to the application of a blister to the feet, but as the meningitis became more and more evident, the head was shaved and covered with a blister, ten centigrammes of calomel administered daily, and when the forces of the patient seemed to flag, musk was given by the rectum. The third or fourth day the consciousness returned, although the strabismus continued, and the entire body was wrapped in a strongly marked anæsthesia. No motor paralysis, however, existed, other than that of the sixth pair, indicated by the strabismus. Speech was slow, but there was no stammering. At this moment the patient began to vomit two or three times a day, and continued to suffer greatly from headache. The temperature of the head, however, was not abnormal.

The amelioration in the disease was regarded as temporary, and a relapse expected. It did not, however, occur. The patient continued steadily to improve, and is now in full convalescence. It is about a fortnight since the full development of the disease. The strabismus has entirely disappeared, and only a slight numbness remains to indicate the profound anæsthesia that existed. Headache, however, and buzzing in the ears continue. Under these circumstances, the diagnostic of meningitis was withdrawn, and it was decided that the patient this time, as on the occasion of her former illness, had suffered from an attack of hysteria, simulating the more formidable disease. The general resemblance was extremely close, but a more minute examination detected, first, that the tâche cerebrale, praised by Trousseau, as characteristic of meningitis, was wanting. The absence of convulsions, paralysis, irregularity and rapidity of the pulse, could count for nothing against the diagnosis of meningitis, for these are symptoms of the third stage, and by the supposition, the disease had not advanced beyond the second. It was extremely noticeable, however, that the *debut* was unmarked by the insomnia which properly belongs to brain fever, and, instead, a degree of somnolence, speedily degenerating into demi-coma, such as only appears toward the end of the second stage of that classic disease, was observed from the beginning of the case.

Again, the face of the patient was uniformly pale, and none of the irregular flushes were noticed, so characteristic of cerebral inflammation. The respiration was slow and sighing, but not irregular. According to Trousseau, irregularity of the respiration is the only infallible sign of meningitis. The abdomen was flat, but not retracted.

On the whole, therefore, it became possible to distinguish the case, but it is probable, that had the unexpected and rapid recovery not awakened suspicions of the correctness of the diagnosis, these points of difference would have been classed among the anomalies that so frequently complicate the most regularly evolved meningitis.

Few clinical experiences are more instructive than those which lie thus on the border line between well defined pathological territories, and upon whose diagnostic difficulties the greatest experience and sagacity often make shipwreck. On this account, I will quote another singular instance of complicated diagnosis, in which affections the most widely apart possible, tended to become confounded with one another.

Embolism.

The case is reported in the *Gazette des Hopitaux*. Ainice P., a concierge at the Batignolles, left home in the morning, feeling in perfectly good health, intending to take an omnibus to go to a distant part of the city. At the moment that she was about to mount the step, and before setting down the foot that she had raised, she felt suddenly a sharp pain in both legs, which presently became numb and cold, and the muscles contracted. While being carried home, the pain concentrated itself almost exclusively in the left leg, and acquired there an extreme violence.

The physician, summoned three hours after the first accident, found the patient anxious, cold, without fever or chill, and only complaining of extremely painful cramps. Both the feet were drawn in adduction, which was most pronounced for the right limb, though the cramps and coldness continued more intense in the left.

There was neither vomiting nor purging, neither suffocation nor epigastric pain. The chest was full of mucous and sibilant rales, the pulse feeble, irregular, and intermittent. The cardiac pulsations were also irregular, but it was impossible to find any characteristic *bruit de souffle*.

These symptoms, observes Dr. Noblet, were nearly identical with those of dry cholera. Probably in virtue of this resemblance, the patient was treated with an emetic of syrup and powder of ipecac.; a tonic draught after the vomiting, and a large fly blister on the chest.

In the meantime, the accidents were occasioned by conditions widely different from cholera. On the seventh day, after several variations had

occurred in the cramps of the legs, the left foot commenced to redden, then became violet, and finally black, first on the dorsal surface, then the malleoli, finally the toes. The case was now clear. It was gangrene determined by an embolus.

The patient, strangely enough, was allowed to die, on account of leaving the elimination of the gangrened tissue entirely to nature. This elimination proceeded slowly but satisfactorily for two months, when, in spite of excellent local conditions, the general health of the patient declined; she lost her appetite and refused the stimulating food which had before been grateful. The face and upper limbs become œdematous, and afterward, the lower; vomiting set in, and became more and more frequent; cardiac pulsations more and more irregular, and the patient died about ten weeks after the first accidents. The death was apparently the result of re-absorption from the abundantly suppurating wound.

The foot had been nearly eaten away, and was only retained by the Y ligament of the plantar face and a portion of the external border which was not gangrenous. Had amputation been performed, and the system been saved the task of eliminating these resistant ligaments, the life of the patient would probably have been spared.

Gangrene.

Another case of gangrene occurs in the annals of the week, at the Hospital St. Eugenie, in the service of Dr. Bergeran. It came on during a convalescence from measles, in a child of three years old, who, although he had been placed in bad hygienic conditions, seemed possessed of a good constitution. An impetiginous ulceration behind the right ear, became attacked with superficial gangrene, which extended to the skin of the pavilion of the ear, and of the parietal region of the head, over an extent of a two-franc piece. Preparations of quinquina were given internally, and the wound dressed with balm of storax, and cauterised from time to time with nitrate of silver. Under this treatment, the elimination of the eschar, and the reparative process were accomplished rapidly, and in a fortnight the cicatrization was almost complete.

But the most curious and rare consequence of the measles was about to declare itself later. This consisted in an essential paralysis, such as often appears in the wake of diphtheria, but which is so unusual a termination of measles, that M. Gubler, in a memoir on this paralysis, published in the *Archives of Medicine* in 1861, mentions only one case as following after this disease.

About six weeks from the beginning of the eruptive fever, and three after the cicatrization of the gangrene, the state of lassitude in which the child had continued, commenced to distinctly assume the character of paralysis. Muscular contractility diminished in both upper and lower limbs; deglutition became difficult, and voice nasal. M. Bergeron prescribed electricity, quinquina, coffee, and all sorts of tonics. The paralysis seemed for a time to be arrested by this vigorous treatment, but presently returned in an aggravated form,—movements of all kinds became difficult, the child hung its head on account of the weakness of the extensor muscles, the voice became more nasal, the cough paralytic, and several times suffocation nearly occurred, on account of morsels of food finding their way into the trachea.

In ten days more, the paralysis had invaded the respiratory muscles, and even affected the diaphragm. The lungs seemed to have lost their proper contractility, and mucosities accumulated in the bronchial tubes. The sphincters became paralyzed in their turn. The face of the patient remained pale; the pulse, which till then had been calm, rose to 136 pulsations, and at the same time the inspirations numbered 52 in the minute. Sensibility remained intact, and there was no trouble in the vision.

Energetic recourse was had to blistering, to hypodermic injections with strychnine, to mustard plasters, etc. The child, who seemed on the point of dying, was temporarily aroused from his torpor. But presently the respiration became again embarrassed, the lungs engorged, and an immense pneumonia developed itself in the right lung, in the course of twelve hours, under the influence of the increasing mechanical difficulties in the way of respiration. The child died during the night, with all the symptoms of slow asphyxia.

At the autopsy, hepatization was found to have invaded nearly all the right lung, and the left was hyperæmic, containing also nodules of hepatization. The nervous centres were extremely congested; the sinus and the vessels of the convolutions were rendered prominent by repletion. Some serosity was found on the surface and in the ventricles. The cerebral mass seemed augmented in volume, the tissue was soft, and the surface of a section spotted red. The softenings seemed to be extreme, but microscopical examination demonstrated the integrity of the nerve-tubes.

M. Bergeron denies the propriety of classifying apart of this form of paralysis, and places

it among the essential paralyses of childhood, which, though distinct as to cause, rank together in nature.

Pulmonary Abscess.

This passive pneumonia reminds me of a curious case of pulmonary abscess DIAGNOSED DURING life, and of which an account is given in a thesis recently sustained at Strasburg.

The patient was admitted to the clinic as affected with a typhoid form of pneumonia, in the second degree. At this time the anterior and inferior part of the right lung was dull on percussion, and the seat of fine cripitant râles, mixed with tubal breathing. On the second day, although a diarrhœa persisted, with involuntary stools, respiration was 42, the pulse 120, and the temperature 38, (centigrade), the percussion dulness had greatly diminished, the tubal breathing had disappeared, and there only remained a few moist râles. The next day the patient was somewhat somnolent, and his breath fetid. There was no expectoration. On the ninth, insomnia, irritability back of the head, and contraction of the left eyelid, excited apprehensions of cerebral inflammation; and a blister was placed at the nape of the neck, and a calomel treatment was instituted; moist râles were heard at the level of the nipple and the scapular region of the right side.

On the seventeenth day an exudation was discovered on the pleura, indicated by a rubbing sound, and slight dulness on percussion.

On the nineteenth, dulness was entirely reëstablished in the place where it had first existed; the respiratory murmur, and the rubbing sound had equally disappeared, and large râles and a cavernous souffle were distinctly perceived in front. Behind, the sonority was normal, and respiratory murmur perfect. At the level of the inferior angle of the scapula, a distant souffle was heard.

In view of these new developments, the physician diagnosed a central abscess of the lung, superficial in front, covered behind by a layer of sound lung. The pulse at this time was 120; the temperature 37.8; the general condition sufficiently satisfactory.

On the second day after the discovery of the abscess, the patient suddenly sank, and died on the third.

At the autopsy, the right lung was found entirely hard, except at the middle tube, where fluctuations was perceptible, over a space of ten centimetres. On an incision being made on this spot, an abscess was opened, whose dimensions were sufficient to have admitted the head of a fœtus at six months. It contained 250 grammes of an ichorous greenish, extremely fetid liquid, containing the debris of pulmonary tissue. The walls of the abscess were generally covered by a well constituted pyogenic membrane, about a millimetre in thickness. M. A.

[To be continued.]

DOMESTIC.

The Mammoth Cave.

EDITORS OF THE MEDICAL AND SURG. REPORTER:

Doctor STUMP FORWOOD, in your issue of January 4th, 1867, page 19, announces that he has prepared a series of lectures "which were designed to give a more complete account of this wonderful curiosity, (Mammoth Cave) scientific and general, than was ever given to the public."

During the preparation of these valuable lectures, his attention was called to an article published in several papers, and commented upon by some medical journals. This article was headed, "A visit to the Mammoth Cave; important scientific observations, effect of darkness and silence on the optic and auditory nerves."

This article was based upon certain declarations, made by Dr. H. RALLS SMITH, of Chicago, during a visit of scientific research which he made to the Mammoth Cave. Dr. FORWOOD, in an "ex cathedra" style, proceeded to controvert and deny the facts and declarations made by Dr. SMITH, and invites him at the close of his article "to give an account of his observations and experiments upon the *permanent* inhabitants of the "Mammoth Cave, over his proper signature, in the pages of the REPORTER," etc.

Dr. FORWOOD'S article is so tinctured with egotism, and sarcasm, and I must say, with unfairness, that I at first felt inclined to pass it by in silence, but thinking perhaps that others as well as myself might feel a deep interest in the subject, have concluded to reply to it.

In speaking of the "permanent inhabitants of the Cave," I did not mean all its inhabitants, for there are birds, insects, and animals, who only make it a temporary residence, and have free access to the outer world; of these, the rat is an example, for these animals are very rarely seen except near the entrance or at the extreme end of the cave, and in them the senses of sight and hearing are only partially developed. These rats are supposed to have communication at the extreme end of the cave with the outer world. There are large numbers of bats in the cave, but all of these journey toward heaven occasionally;

so do the flies, gnats, moths, spiders, centipedes, lizards, mice, men, women and children, etc.

By the "permanent inhabitants of the cave," I mean those who have been immured in this living tomb for uncounted ages, who have never seen the pleasant sun, or listened to the sweet harmonies or discords of earth. In these I still assert that the senses of sight and hearing are absent, and that in some of them, there is no vestige of an orbit, or an auditory apparatus, Dr. Forwood to the contrary notwithstanding.

The effect of perfect darkness and silence upon the sensorium is a fact so well known to medical science, and indeed to almost any one possessing common intelligence, that I am surprised that a man of Dr. Stump Forwood's assumptions should deny it.

I spent about ten months in the neighborhood of the Mammoth Cave, some seven years since, and think I am tolerably familiar with it and its inhabitants, although I am afraid to assume "that I can give a more complete account of this wonderful curiosity, scientific and general, than was ever given to the public."

H. Ralls Smith, A. M., M.D.

Chicago, Ill., formerly of Louisville, Ky.

Treatment of Obesity.

Editors Medical and Surgical Reporter:

In your number of December 28th, 1867, I see a communication from Dr. Shannon, Savonia, Steuben Co., N. Y., requesting some information as to what course he would adopt in the treatment of a remarkable case of obesity. Some years since, I read an account of a number of cases of this kind, which had been very successfully treated by means of the "*Fucus Vesiculosa*" or Bladder Wrack, a species of seaweed which is abundantly found on our coasts. A decoction was made of this seaweed, and the patients permitted to use it *ad libitum* with a very marked, and rapid reduction of their corpulency. A fluid extract of the Fucus Vesiculosa was also prepared, which was a much nicer and more effectual method of administering that remedy, and which probably could be obtained from some of our manufacturing chemists. If not, the Bladder Wrack itself can very readily be found anywhere on the sea-coast. Should Dr. Shannon make use of this suggestion, I will feel much obliged, if he will publish the result of his observations as to the efficacy of the remedy.

William J. Wilson, M.R.C.S., Edinb.
Ass't Surgeon, U. S. A.

Holly Springs, Miss., Jan. 16, 1868.

"How to Produce the Sexes at Will."

Editors Medical and Surgical Reporter:

In connection with the article in the 7th of December Reporter, on "How to Produce the Sexes at Will," I would state, that in numerous instances that have come under my observation, Prof. Thury's theory has proved correct.

Whenever coition has taken place in from two to six days after the cessation of the menses, girls have been produced; and whenever coition has taken place in from nine to twelve days after the cessation of the menses, boys have been produced.

In every case, I have ascertained not only the date at which the mother placed conception, but also the time the menses ceased, the date of the first, and subsequent sexual intercourse, for a month or more after the cessation of the menses, etc.

In two instances, the mothers were positive that they carried their fœtus ten months, from the fact that their husbands did not have sexual intercourse with them but *once*, from the cessation of their last menstrual period till some time after their children were born. The only time that sexual intercourse took place was, in one instance ten days, and in the other eleven days after the cessation of the menses, and the boys were born ten months from the date of coition.

In another case, coition first took place *fourteen* days after the cessation of the menses, and the mother was delivered of a large healthy girl ten months from that date. But in this instance, coition took place several times a week, from the fourteenth day till five weeks or more after the cessation of the menses. From the mother's statement of her sensations, and the general symptoms that appeared within two months of the first coition, I think that there is no doubt but that conception took place a day or two *before* the next menstrual period was due, instead of fourteen days *after* her last menstrual period.

In many instances it is impossible to obtain reliable information from our patients, as to the date of cessation of menses, the first or subsequent sexual intercourse, etc., even when they are willing to give us all the information they can, when they apply to us to inform them as to the probability of conception having taken place, and the probable time of delivery, as many of them take no note of such things, and when questioned, cannot give definite answers, or furnish us reliable data on which to base our predictions. But many, like the instances above mentioned, can give us *positive* information on these points, so that we can prove or disprove

such a theory as that of Prof. Thury, by noting the instances that come under our observation in the course of our practice.

The subject is an important one, and of much interest to us all. I hope your readers, in all parts of the country, will send to the Reporter the result of their observations. "We are near enough to a solution to encourage us to give this subject further and more earnest study."

Boston, Mass. "G."

News and Miscellany.

—— The fifty-seventh annual meeting of the Genesee County Medical Society, N. Y., was held in Batavia, on Tuesday, Jan. 21. The following officers were elected for the ensuing year: President, Dr. O. R. Croff, Bethany; Vice-President, Dr. A. P. Jackson, Oakfield; Secretary, Dr. L. L. Tozier, Batavia; Dr. L. B. Cotes, Batavia.

—— A bill is pending before the New York legislature prohibiting the marriage of first cousins sunder a heavy penalty of fine and imprisonment.

[*Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.*]

MARRIED.

Dabbs—Dickson.—Jan. 21st, at Edgeworth, Pa., the residence of the bride's parents, by the Rev. James Allison, Mr B. L. H. Dabbs, of Pittsburgh, and Sarah Q., daughter of Dr. John Dickson.

Saxton—Bierce.—At Cornwall Bridge Conn., Jan. 23, by the Rev. S. Fenn, Wm. D. Saxton, M. D., of New Rochelle, N. Y., and Miss Isabella G. Bierce, of Sharon, Conn.

DIED.

Clift.—At Savannah, Ga., Dec, 30, Julia M. Clift, wife of Joseph W. Clift, M. D.

METEOROLOGY.

January.	20,	21,	22,	23,	24,	25,	26.
Wind	E.	N. E.	N.	N. E.	N. W.	N. W.	S. W.
Weather	Cl'dy. Snow.	Cl'dy. Snow. Rain.	Clear.	Rain.	Clear.	Clear.	Cl'dy.
Depth Rain		2-10		5-10			
Thermometer.							
Minimum	19°	27°	18°	23°	26°	15°	19°
At 8, A. M.	25	35	27	31	38	25	32
At 12, M.	35	34	34	42	41	28	40
At 3, P. M.	34	33	33	42	41	29	39
Mean	28.25	32.25	28.	34.50	36.50	24 25	32.50
Barometer.							
At 12, M.	31.2	29.6	30.6	30.1	30.2	30.4	30.1

Germantown, Pa. B. J. Leedom.

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D. MURRAY CHESTON, M.D.
HORACE WILLIAMS, M.D.

The Philadelphia Summer School of Medicine will begin its fourth term on March 1st, 1868, and students may enjoy its privileges without cessation until October.

The Regular Course of *Examinations* and *Lectures* will be given during April, May, June, and September.

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OFFICE STUDENTS will be received at any period of the year; they will be admitted to the Summer School and to the Winter Examinations, and Clinical Instruction will be provided for them at the Pennsylvania, Philadelphia, Episcopal, and Children's Hospitals. They will be given special instruction in the Microscope, in Practical Anatomy, in Percussion and Auscultation, in Practical Obstetrics and Pathology. They will be enabled to examine persons with diseases of the Heart and Lungs, to attend Women in Confinement, and to make Microscopical and Chemical Examinations of the Urine. The Class Rooms, with the cabinet of Materia Medica, Bones, Bandages, Manikins, Illustrations, Text-Books, Microscope, Chemical Reagents, etc., will be constantly open for study.

WINTER COURSE OF EXAMINATIONS will begin with the lectures in the University of Pennsylvania in October, and will continue till the close of the session.

SURGICAL DISEASES OF WOMEN. A Course of Lectures will be delivered by H. Lenox Hodge, M. D., on Displacements and Flexions of the Uterus; Inflammation of the Uterus; Polypi; Fibrous Tumors and Cancer of the Uterus; Inflammation of the Ovaries; Tumors of the Ovaries; Ovarian Dropsy; Sterility; Vesico-Vaginal and Recto-Vaginal Fistulæ.

PERCUSSION AND AUSCULTATION in Diseases of the Lungs and Heart, will be taught by James H. Hutchinson, M. D., by Lectures, and by the Clinical Examination of Patients.

The Society of the Medical Institute meets once every month, and essays are read and medical subjects discussed by students.

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THE

MEDICAL AND SURGICAL REPORTER.

No. 572.] PHILADELPHIA, FEB. 15, 1868. [Vol. XVIII.—No. 7.

Original Department.

Communications.

REPORT ON THE HURRICANE AND EARTHQUAKE AT ST. THOMAS, WEST INDIA ISLANDS; AND ON THE YELLOW FEVER IN THE U. S. SQUADRON.

To P. J. Horwitz, Chief of Bureau of Medicine and Surgery, Navy Department.

The U. S. flagship "Susquehanna," to which I was at the time attached, was on her way to St. Thomas, West Indies, when that port and the vicinity were visited by the most destructive hurricane ever known at that island. On the 29th day of October, 1867, without any premonition, except the fall of the barometer, and that not immoderate, toward meridian, the wind began to blow from the northward and westward, and increased to a hurricane of unusual violence, which lasted for about two hours. At the expiration of that time, it fell entirely calm, and the inhabitants of St. Thomas congratulated themselves that the disaster was at an end. After a short interval, however, the wind began to blow from the opposite quarter, about east-south-east, and then ensued a scene which, from all accounts, beggars description. The wind increased to a violence far surpassing its earlier strength, and at the end of little more than an hour, the whole face of St. Thomas, both town and harbor, was strewed with wrecks. Many houses were unroofed, many toppled from their foundations, and others scattered in a confused mass of rubbish. Vegetation was literally scathed.

In the harbor, from seventy to eighty vessels, of all sizes, were stripped of their spars, driven upon the beach, or sunk at their anchors. A metallic diving bell, weighing several tons, was carried by the force of the wind a considerable distance, and other seeming impossibilities were enacted. Examining the ruins, I observed that the gas works were demolished in every part, and that the larger inverted gas holder was rent outward near the top, in a hole about eight inches in diameter. It remains a question whether this was occasioned by the direct force of the wind driving it downward, or by a partial vacuum in the atmosphere, near the vertex of the storm. Heavy rains succeeded the hurricane, flooding the shattered houses, and causing great additional damage to property. The polarity of the needle was observed to be suspended in several instances, rendering the compass useless on shipboard.

The comparatively short duration of the hurricane at St. Thomas, would seem to indicate that it was of small diameter; a cyclone of unusually limited radius. At Santa Cruz, forty miles to the southward, it was only an ordinary gale.

It may be remarked that this hurricane was entirely unlooked for, the limit of the hurricane season, according to all former experience, having passed. It is estimated that five hundred lives were lost in and about the Island of St. Thomas, by the disaster.

Three weeks later, on the 18th day of November, while the U. S. ships "Susquehanna" and "De Soto" were lying at anchor in the harbor of St. Thomas, the weather being clear, calm, and somewhat sultry, about half after two o'clock, P. M., a violent earthquake was felt, lasting about fifteen or twenty seconds. The barometer was not observed to change. In the town, houses were shaken down and many more injured. It was thought that the "earth-wave" travelled from south-east to northwest, and a distinct rumbling or detonating sound preceded it. About ten minutes later, a sea wave, ("bore,") fifteen

or twenty feet in height, was seen approaching the harbor from seaward. It stretched across as far as the eye could follow it, until covered by the land forming the outer limits of the harbor. It had the appaarance of a solid, perpendicular wall, lined with a silvery white crest. This crest, or cap, increased in size as the wave advanced upon the shallowing bottom of the sea, until the huge mass broke just outside the harbor, engulfing several small vessels, and violently tossing large ones, breaking them from their anchors, and driving them on the beach. The wave continued to approach until it reached the "De Soto." She, in turn, was torn from her anchors, spun round and round by the eddying currents, carried upon an iron wharf, and let down upon the rocks by the retreating waters. We looked every moment to see her wrecked, but she finally floated off, leaking seriously.

By the time the mass of water reached the "Susquehanna," it was so far broken and spread out as to be no longer formidable, though it was afterward discovered that she had grounded with such force that the tiller, a solid iron bar, over a foot in circumference, had been bent. It was observed, that as the wave drew near the harbor, the water under us receded very rapidly, like an undertow, leaving the upper part of the harbor bare, and causing the vessels to swing rapidly round their anchors. The first wave was followed by others of less magnitude, and presenting a different appearance. The first wave advanced upon water at rest; hence I infer its perpendicular appearance. The succeeding ones advanced upon water already in motion, and was less abrupt and formidable.

During the space of fifteen or twenty minutes, the water alternately advanced and receded, producing strong currents and counter-currents, sweeping vessels rapidly round their anchors, and bringing up from the bottom the most offensive odors. It was full an hour ere the waters became tranquil, and stood at their usual level. The effect of the wave upon the lower (commercial) streets of the town was most disastrous. It flooded the warerooms and dwelling-houses to a depth of four or five feet, causing great destruction of property, and endangering life.

Earthquake shocks of more or less violence occurred daily for three weeks after this, but no agitation of the sea resulted from them.

I have stated that the height of the first wave was fifteen or twenty feet. This estimate will seem moderate when we reflect that the "Monongahela," then lying at Santa Cruz, an open road-stead, forty miles from St. Thomas, was carried into the town by it, and floated over the lower street.

I enter upon a much more difficult task in attempting to "give a reason for the origin of yellow fever, at so late a season, on board the Susquehanna, the Don" and other vessels of the squadron. My own opinion is, that it was entirely climatic. St. Thomas is *never* quite free from yellow fever. It is made light of by the residents, who, exempt from it themselves, are never ready to admit that it is endemic. The same may be said of Port au Prince, and Kingston, Jamaica. Since St. Thomas has become the great inter-oceanic supply depot for transit steamers, this fatal pestilence has been developed rapidly, and is now endemic at all seasons. The "Susquehanna" laid in the habor about three weeks, *i. e.*, from the middle of November, 1867, to the 7th day of December. It was well known that yellow fever existed there at the time, to a considerable extent, though the authorities denied the fact to Admiral Palmer, and he allowed himself to be governed by their statement.

The prevailing wind, blowing across ground known to yield malarial exhalations, reaches, in its course, the middle of the inner anchorage. No vessel in that situation could hope to escape, and it required but a few days to infect the crew of the "Susquehanna."

The "Don" came from the coast of Florida, where she had been exposed, in September and October, to the atmospheric sources of yellow fever. It required but a few days in the harbor of St. Thomas for the endemic disease to develope itself in her, and accordingly she had hardly entered the port when yellow fever appeared on board in its most virulent form. The first seven cases occurred in a

group, within twenty-four hours, and it was found necessary to send her immediately to Santa Cruz, that the sick might be landed, and the disease, if possible, arrested. I have since learned that in this way the disease was eradicated. Captain Chandler of the "Don" was under the impression that the end was accomplished by steaming the vessel, but I have no confidence in the value of such procedure, unsustained by the removal of the sick and the thorough cleansing and ventillation of the interior of the vessel, and all soft, porous contents. I believe that the sudden irruption of yellow fever in the "Don" happened in this wise. The crew had been subjected to the miasma of yellow fever on the coast of Florida, and the sudden, additional impression of the more virulent miasma abounding at St. Thomas developed the disease in its worst form.

A very striking instance of the length of time during which yellow fever may remain dormant in the human system—incubate—was furnished in the recent history of the "Monongahela." During the last summer and early autumn, a mild form of yellow fever hung about her. That character was given to the disease by the medical officers on board, though no fatal case had occurred before she was stranded at Santa Cruz.

During the confusion attendant on that disaster, a musician, a hearty and apparently quite healthy young man, fell from the ship and fractured both legs. It was necessary to amptate one, and the other, it was thought, might be saved. He was doing well, to all appearance, when he was suddenly seized with black vomit, and died. One of the most singular features of yellow fever is the fact that it may be completely masked, by other affections, and in such cases it is always fatal. Complicated with habitual intemperance, or supervening upon a debauch, it affords scarcely a hope of life to the victim. The young, though much more frequently attacked by it, have a far better chance of recovery than those who have passed middle life. In the latter class, the secretions are much less readily restored.

In the treatment of this disease, I again had recourse to the hot-bath, and with marked advantage and success in all cases when neither the age nor habits of the individual were adverse to recovery.

I am, very respectfully, your obd't serv't,

(Signed,) J. D. Miller,
Surgeon, U. S. N.

Philadelphia, Jan. 30, 1867.

NOTE ON A CASE OF CRIMINAL POISONING BY ARSENIC.

By B. Howard Rand, M. D.,
Professor of Chemistry in Jefferson Medical College, Philadelphia.

On the 12th of July, 1866, Xavier Miller, living near Frenchville, Clearfield Co., Pa., died, after some days illness, with symptoms of acute gastritis. He was seen twice before his death by Dr J. H. Litz. His symptoms were burning pain, which he compared to a hot iron reaching from the throat to the stomach; small wiry pulse, injected conjunctivæ, flushed and dusky face, vomiting and purging, great thirst, white ulcers on the mucous membrane of the mouth, excessive restlessness and sudden death, apparently from syncope.

Suspicion falling upon his wife, Mrs. Lena Miller, she was arrested. The body was exhumed two weeks after death, and a post-mortem examination made by Drs. R. V. Wilson and J. G. Hartswick, of Clearfield. The highly putrid condition of the body rendered this a difficult as well as a disgusting task. The stomach was found contracted, thickened and opaque; it was empty, except a small quantity of reddish fluid, probably a result of putrefaction. It presented signs of having been much inflamed. The stomach was sent in charge of Dr. J. H. Burchfield, to Mr. Charles P. Williams of this city, a well known and experienced analytical chemist. He used Marsh's test, but detected no poison.

The fact that the prisoner had bought arsenic on the day before Miller's death, certain admissions, on her part, the well known cases in which arsenic has been detected in the tissues when absent from the stomach, with other considerations, determined the

authorities to order a second exhumation and examination.

On the 11th of September, 1866, in company with Drs. Wilson and Hartswick, Wm. M. McCollough, Esq., the District Attorney, and H. Bucher Swope, Esq., who had been appointed by the court additional counsel for the Commonwealth, I went from Clearfield to Frenchville. The body on exhumation was found to be much decomposed; little remained but the skeleton and a pulpy mass of broken down tissue lying along the spine and in the pelvis. As much of this as possible was secured, in all less than three pounds, also some of the wrappings of the body which were put into a separate jar.

I examined the matter by Marsh's and Reinsch's tests, and detected the arsenic, obtaining a crystalline sublimate from the deposit on copper, and characteristic spots by Marsh's test and a deposit of silver, with evidences of arsenious acid in solution by Lassaigne's modification of the same. No arsenic was found in the wrappings.

The prisoner was tried and convicted. When she found that her execution was certain, she made full confession of her crime. She stated that she had before tried to poison her husband, but had failed. She bought, in June 1866, a package of arsenic (an avoirdupois ounce) at the store of Mr. Cranston, and on the 30th of June, the day on which Miller returned from his lumberman's camp in the woods, she sprinkled about a teaspoonful over rice, which she gave him. He ate a little, immediately turned pale, went out and vomited. She then gave him from time to time doses in food and drink, in one instance substituting the poison for an emetic which he wished to take. On the 11th of July, the poison being all used up, she went to the store and bought another ounce but did not give him any of it, as she saw that he would die. He died on the 12th. She threw the second package of arsenic away and it was not found. The purchase of the first packet of poison was not shown on the trial, although the person who sold it was on the stand. The illness of the deceased, before any arsenic was proved to have been purchased, formed strong ground for the defence. In a case remarkably similar to this reported by Dr. Geoghegan in the *Dublin Quarterly Journal of Medicine*, February 1851, the illness of the victim previous to the proved purchase of the poison, secured the acquittal of two parties undoubtedly guilty.

Mrs. Miller was executed on the 13th of November, 1867.

This case adds another to the many already on record in which *absorbed* poison only has been found. It is probable that in most cases in which the victim lives for some days, the poison will not be found in the stomach. Hence the importance of securing the liver as well as the stomach at the time of making the post-mortem examination.

Having prepared a full report of the testimony, with notes, comments and reference to similar recorded cases, I abstain from further remarks at present. The report is nearly ready for the press.

A CASE OF CHRONIC PERITONITIS,

Associated with tubercular disease of the mesenteric glands, and miliary tubercle of the lungs, liver and spleen.

By Wm. F. Buchanan, M. D.,
Captain and Assistant Surgeon, U. S. A.

Private G. S., Company G., Tenth U. S. Cavalry, æt. 24, colored, was admitted to hospital, November 18th, 1867, with an obstinate cough, occurring in paroxysms, usually confined to the night, and frequently ending in vomiting; expectorates a frothy mucus. Mucous râles are heard throughout the posterior portion of both lungs; perfect resonance on percussion over the whole chest; pulse 100, soft; skin hard and dry; tongue covered with a thin white fur, appetite tolerably good; bowels constipated; slight insomnia. Castor oil was ordered, with counter irritation to chest; Dover's powder at night, and sulphate morphia, tinct. camphor and syr. simp. every two hours, with nourishing diet.

November 26th, 1867. Patient's cough remains about the same as at last date, coughing only at night; bowels are not moved without a cathartic or an injection; patient is rapidly

losing flesh; as emaciation increases the abdomen becomes more prominent, there is tympanitis in the epigastric region, while in the hypogastrium there is dulness on percussion; and the walls are firm and resisting on pressure, with tenderness over abdomen, greatest in epigastrium and left hypochondrium. Ordered cont. cough mixture, with ol. morihuæ, milk punch, and nourishing diet.

December 18th, 1867. Patient has become very much emaciated, notwithstanding his appetite has been good; bowels continue costive; has been delirious the past two nights; a sort of low muttering delirium, answers rationally when spoken to in a moderately low tone.

December 22d, 1867. Patient has been failing since last date, has been delirious every night, pulse has been exceedingly weak, and for the last two days imperceptible at the wrist—died at 8, A. M. Sectio cadaveris nine hours after death. Body greatly emaciated; the sac of the arachnoid contained about four ounces of serous fluid, and all the ventricles of the brain were nearly filled with the same fluid, the brain otherwise healthy; no tuberc'e could be discovered. The abdomen prominent and tympanitic; the pericardium contained two ounces of serum; in the left auricle was found a voluminous clot of yellowish white semi solid fibrin, entirely filling the cavity, and forming a complete mould of the interior of the auricle; prolongations of whitish fibrin of more firm consistence extended into the pulmonary artery; the substance of the heart appeared healthy.

Attached to the posterior surface of the sternum, opposite the fourth rib, was found the thyroid gland, three inches in diameter and nearly an inch in thickness, of a yellow color, and one section was found to be filled with a substance of a pale yellowish green color of the consistence of cheese. In the lungs was found a small quantity of tubercular matter, mostly near the apex of right lung, mostly of the size and consistence of millet seed, in some places size of a pea, and softer, though no ulcerative softening had commenced; there was considerable congestion of the mucous membrane of the bronchial tubes at this part, but no congestion of the pulmonary parenchyma, and the lung appeared otherwise healthy throughout. On laying open the abdomen, the serous membrane lining the abdominal cavity, and covering the intestines, was completely covered, in its entire extent, with granules of miliary tubercle; there was a slight serous effusion, and some deposits of unorganized lymph. Tubercular matter was also found in some parts of the liver and throughout the spleen, the latter being unusually dark, somewhat enlarged and soft. The mesenteric glands were very much enlarged, and were filled with a greenish yellow substance, which, in some parts of the glands, was in a fluid form, in most parts of a soft cheesy consistence, the parenchymatous structure of the glands appeared entirely destroyed, and consisted merely of fibrous sacs, containing the tubercular deposit; a portion of the glands taken from the surface, and extending from the left hypochondrium to the lower umbilical region, constituting about one-third of the mesentery glands, weighed eleven ounces, and were three inches in width. The mucous membrane of the alimentary canal was congested throughout its whole extent; no softening had taken place, except in that of the stomach, which at its pyloric extremity, could readily be scraped off with the finger nail.

Micro-chemical examination of the substance contained in the mesentery glands revealed the presence of tubercle corpuscles, oil globules, and free stellate crystals of the triple phosphates, and pigmentary matter; pigmentary deposits were also found throughout the lungs and liver.

The above case is interesting from the fact of its obscurity during life, yet extensive disclosure of diseased structure post mortem. The rational and physical signs of the chest could determine nothing more than the existence of bronchitis, and that to a limited extent; there was but little cough; no characteristic tubercular sputa; the abdominal tenderness did not exist until a late period in the disease; then there was tympanitic distension, which, with the tenderness, rendered a determination of the outline of the tumor,

with its character, next to, if not impossible; constipation existed throughout the disease; the appetite was always good; and the excretions not particularly unhealthy; the urine quite natural; no night-sweats, or but little; the diagnosis was, however, arrived at by exclusion; there was a progressive emaciation, for which the chest symptoms were insufficient to account. There had been no known exciting cause for the peritonitis, and it could be fairly presumed that there was a non-assimilation of the proper elements of the tissues, owing to an affection of the glandular system, and in all probability, tubercular in character.

CASES IN SURGERY.

By Thomas F. Betton, M. D.,
Of Germantown, Pa.

Hernia.

On the 12th ult., I was requested by my friend, Dr. W. N. Johnson, of this place, to visit with him, Mr. P——, who was laboring under strangulated inguinal hernia of the left side. Mr. P. is a man of 64 years of age, and has been afflicted with a double hernia for nearly forty years. The strangulation had occurred at 5, P. M., of the preceding day, and after gentle and careful attempts at reduction of the rupture by the taxis, his physician, Dr. J., did me the favor to ask my assistance. We saw him together at 2, P. M., of the 12th, (Sunday.) Having brought him very rapidly and perfectly under the influence of an anæsthetic, (æther, ℥vss. and chloroform, ℥ss.,) the taxis was again tried, but with great caution, as, in our opinion, violent and prolonged manipulation is much more dangerous to the patient than the operation. We did not succeed; and at 4, P. M., or twenty-three hours after the occurrence of the strangulation, the usual operation, unnecessary here to detail, was performed.

The sac was opened, a procedure which I believe is generally the safest course. It contained some two ounces of bloody serum. It proved to be a simple enterocele, and the intestine, highly congested, was, after the division of the stricture, returned without difficulty. Three points of interrupted suture were required to close the wound. They were removed at 11, A. M., of the fourth day, and union by adhesive inflammation was found to have taken place throughout, except at a small point at the inferior angle of the incision. On the following day, a slight blush of erysipelatous inflammation appeared, but it was promptly arrested by the application of a strong solution of nitrate of silver, since which time nothing untoward has occurred. He is now (Feb. 1) perfectly well.

The age of the patient, (64 years;) the long existence of a double hernia, (40 years;) its position on the left side, (more rare than on the right;) the brief delay in resorting to operative relief, give additional interest to the case, which confirms fully the following sound remark from the 2d volume of St. George's Hospital Reports:

"On the whole, we are justified in saying that our experience supports the general and growing conviction that there is less risk in early operations than in any less decisive measure, and that if cases of strangulated inguinal hernia were gently handled in the efforts at taxis, and operated on early, when such gentle attempts have failed, few of them would die."

Such has long been my own opinion, which is thus corroborated by high authority, the more gratifying, as there seems to prevail in modern days too great an inclination, in some cases dangerous, to ultra conservative surgery. The knife, indeed, should be the ultima ratio of every judicious and scientific surgeon, but circumstances may arise in which delay is not only dangerous, but culpable.

Ranula.

Mrs. R., of Manayunk, came to consult me for a goodly-sized tumor under her tongue, causing the anterior part of the neck to project considerably. It proved, on examination, to be a large ranula, which had existed for more than a year, and which incommoded greatly the movements of the tongue, a very serious thing for a female. A seton was passed through the tumor under the tongue, a good deal of inflammation followed, of course, to the great alarm of the woman, but it had the effect to cause the sides of the sac to adhere, and the tumor to subside entirely, with the exception of a slight thickening of the mucous membrane under the free end of the

tongue, which to a great degree will disappear. She is very happy to be freed from her annoying and troublesome companion.

INFANTILE HÆMATURIA.

By Thad. L. Leavitt, M. D.,
Of Germantown, Pa.

In all diseases of infancy, the difficulty of making an accurate diagnosis is apparent enough, and consequently, the practitioner is more or less embarrassed in his treatment. Especially so, if any extraordinary obscurity is presented in the symptoms of the little sufferer.

The following cases, illustrating, in a measure, the above, as well as on account of their rarity, may prove of sufficient importance in the future, as of interest in the past, to record here.

1. John M., æt. six months, being brought to the office June 21st, the following symptoms were noted: Extremely pale and emaciated; face pinched and expressive of great suffering; eyes bright and intelligent; countenance singularly distressed and appealing. Upon being raised to an upright position, or indeed, upon being even touched, paroxysms of sharp cries are induced, and so great a fear does this child evince, upon the approach of any one to handle him, that he screams with agony. Being allowed to remain quietly upon his back, seems perfectly contented, and, his mother states, will not move for hours, being able, though unwilling to make the slightest voluntary exertion. Has been sick for two weeks, gradually approaching this condition. Has received no injury, by accident or otherwise. Bowels natural. Urine scant, peculiarly colored, and offensive, the napkin presenting a pinkish stain. Pulse very feeble and frequent. Takes nourishment with eagerness, after the shock of the change of position has passed away.

Warm baths of sulphuret of potassium were ordered daily, one drop of the wine of opium with three of brandy, in a little sugar and water, to be taken every two hours.

June 22d. The anodyne effects very perceptible; to continue at intervals of four hours. The brandy every two hours. Evinces much suffering upon being disturbed.

23d. Obtained a few drops of urine for examination. Slightly albuminous. The microscope revealed a few blood corpuscles. Ordered tincture of the chloride of iron, two drops every three hours, in water. The opium at intervals of six hours, the patient being well under its effects. Bath and brandy continued as before.

24th. Expression of countenance less painful. Urine still tinged with blood.

27th. Great improvement in the whole appearance of the child, no stain is now perceptible. Stop the opium.

28th. Again succeeded in obtaining a small quantity of urine, which was still slightly albuminous. No blood discs were discoverable, but epithelial cells in small quantity. Continue iron tincture at intervals of six hours. Brandy every three hours.

July 1st. Doing very well. Is now carried and lifted, even roughly, without any complaint of pain. Stop bath.

7th. Baby actually getting fat, and growing finely.

2. Milton A., æt. 2½ years, was visited Nov. 30th, for the first time. Found him with high fever, pulse frequent and feeble, face pallid and stupid. He referred all his pain to his abdomen, which was distended and slightly tympanitic. Appetite irregular and unnatural; bowels in good order; great insomnolency; delirious at times during the night; grinding the teeth, etc.; tongue furred and sticky. During the past week has discharged a lumbricoides. Directed a preparation of santonin, calomel, and syrup of rhubarb to be given every three hours. The mother states that a few days ago, the child was taken out walking, the weather being cold; he returned home very blue and chilled, and thinks he has never been well since.

Dec. 1st. Has passed no worms, but seems brighter.

2d. Child seemed to suffer considerably, remaining quietly on his back, and refuses to be moved. Bowels moved freely. Ordered frequent bathings with soap liniment, and mustard foot-bath at night.

3d. Was called out early, the parents being alarmed at the passage of blood, which came away freely. The urine was filled with stringy coagula, which upon microscopic examination proved to be blood-cells. Albumen in quantity. Ordered warm emollient poultices over abdomen, perfect rest, tincture of the chloride of iron, five drops every three hours, in sweetened water, and flaxseed mucilage to drink freely.

5th. Rested well during the night, less blood being passed, and but little pain.

7th. Still passes traces of blood, gradually diminishing. Appetite better. Slept well.

9th. No blood noticeable this morning, though still albumen is found in the urine.

15th. Has recovered entirely.

THE VALUE OF IPECACUANHA IN THE TREATMENT OF ACUTE DYSENTERY.

By Joel C. Hall, M.D.,

Of Vicksburg, Miss.

Ipecacuanha has been used in the treatment of sporadic dysentery from the time of John Helvetius to the present day; but its free use, in this country, has never been practiced in the treatment of the disease under consideration that I am aware of. In India it is used with so much success by the English surgeons, that it has come to be considered a standard remedy in the treatment of acute dysentery.

In my own practice during the past year, which covers quite a number of cases of the acute form of the disease, it has proved to be eminently valuable. In order to carefully study its value in a large number of cases, I am indebted to the courtesy of my friend, Dr. D. W. Booth, Physician to the City Hospital in this city, who kindly permitted me to treat a large number of cases of dysentery in his wards during the past summer and fall upon the general plan set forth below.

A few hours after the administration of the remedy, the tormina, tenesmus, fever and restlessness gave way, the discharges lost the peculiar characteristics of dysentery—blood and slime—became feculent and assumed a dark homogeneous cast, together with a very offensive odor. Profuse perspiration and quiet sleep were almost sure to follow, from which the patient awoke after the lapse of several hours, feeling very much improved. In but one very aggravated case was a repetition of the remedy found to be necessary, and then only once.

It is important to state in this connection, that diarrhœa—simple laxity of the bowels, or complicated with other morbid conditions of the intestinal tract—was aggravated by the use of ipecac. When there is reason to suspect extensive ulceration of the intestine, this drug should not be given. Such cases grow worse under its use. It is only applicable to the acute variety of the disease, and here it often cuts short its progress, or very much abridges the duration of the distressing symptoms incident to it.

Treatment. Half an hour before giving the ipecac. ℞. tinct. opii. gtt. xxx, aquæ f ʒij. M. was given. Water and other drinks were strictly prohibited. At the expiration of the half hour, ℞. ipecac. pulv., ʒss. ft. pil. no. vj. was given at a dose, and fluids forbidden for two or three hours afterwards. Nausea and vomiting rarely followed. Amelioration of the symptoms ensued in from three to nine hours, and the patients entered at once upon convalescence.

When the patients were unable to swallow the pills, as in the case of children, a little syrup of orange peel effectually covered the taste of the medicine.

Injections of a strong decoction of green tea frequently quiet the lower bowel, and constitute a good adjunct to the treatment.

Chronic Pleurisy Treated with Tannin.

Dr. Dubonné, of Pau, records in the *Bulletin de la Société, de Med.-Chir. de Bordeaux*, (Bull. de Ther. lxxiii, p. 47, July 15, 1867), two cases in which extensive pleuritic exudation, with perforation to the bronchi and fast failing of general health existed. Both patients received sixty centigrammes tannin daily, and after some days unmistakable improvement set in, which was followed by entire recovery. According to Dubonné, the favorable effect is produced by diminishing the secretions of the bronchial tubes and pleura and improving nutrition.

Hospital Reports.

Jefferson Medical College,
December 11th, 1867.

Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

Sprain of Ankle.

Mr. H, æt. 22, from Maryland. In February last, this man caught his right foot in a wagon rut, and sprained his ankle. He has suffered in consequence from that time to the present. He is obliged to use two crutches, to aid him in walking. There is a great deal of pain through the ankle-joint and instep, of a gnawing, heavy aching character; worse at night, and more severe in wet than in dry weather. On walking, the right foot hangs inward. The muscles of the right leg are flabby and wasted, as are also those of the thigh. The limb is habitually cold. There is contraction of the tendo-Achillis, to a marked degree, and an enlargement over the instep, produced by the presence of a synovial burse. His tongue is a little coated; is not sick at stomach; bowels in good condition; does not sleep at night because of pain in foot; no night sweats, cough nor fever.

The sprain, the forcible distension of the ligaments of the articulation, led, in this case, at once to inflammation, and the inflammation to structural lesion. Doubtless there was increased synovial fluid poured out after the occurrence, and some effusion of blood, as there is always in such cases, when the injury is considerable, from the rupture of numerous little vessels. This effusion has been absorbed, but there is still some lingering inflammation in the parts, which, however, is slight in degree. The pain is probably of neuralgic character.

This case should be treated constitutionally, as well as locally. The time has come for passive motion. Twice in twenty-four hours the hot and cold douche will be employed. Immediately afterward, the limb will be wiped dry, and a lotion, consisting of alcohol or soap liniment, in combination with a certain quantity of chloroform and tincture of aconite, thoroughly rubbed on along the whole length of the leg, and particularly over the joint and foot, for fifteen or twenty minutes. Then the joint will be subjected to passive motion; at first very gently and carefully, lest the part should resent it, and reawaken inflammation. During the day time it would be well to support the whole limb as far as the knee, by a flannel bandage, applied from the toes up, and to place a splint along the outer side of the limb, to keep it perfectly quiet in the intervals between the passive motions. For the purpose of relieving the pain, he will take ten grains of quinine, with one-third of a grain of morphine, at bed-time, until the effects of the quinine are manifest. He will probably bear five or six consecutive doses. During the day time he will take twenty-five drops of the tincture of the chloride of iron, with five drops of Fowler's solution before each meal. His diet will consist of the lighter articles of food. In the course of two or three weeks he will lay aside one crutch, and, two or three weeks after, the other.

The object of the treatment is not only to get rid of the lingering inflammation, but to restore the circulation and innervation of the limb. A sprain is often worse than a fracture or dislocation. It should be treated on vigorous antiphlogistic principles.

Facial Neuralgia.

Jane W., æt. 28. She has had pain in the side of the head and face for twelve weeks, extending from the base of the jaw over the posterior part of the neck and head, and over the temple and ear. It becomes gradually worse about two o'clock in the afternoon, and goes on increasing until evening, preventing her from sleeping. It begins to feel easier between eleven and twelve o'clock, but returns at five o'clock in the morning. She has never had intermittent fever. She sweats a good deal at night. Tongue a little coated; appetite not very good; alvine evacuations every day; menstrual function properly performed. She has some decayed teeth; holding hot or cold fluids in the mouth produces pain, as does also chewing.

In all cases of facial or cervical neuralgia, or neuralgia of the head, the condition of the teeth should be carefully examined. In the writings of Dr. Benj. Rush, a great man who has left an immortal reputation, there will be found a very full account of diseases produced by decayed teeth. Among other cases, there is one of pain of a neuralgic character in the nates. Upon the removal of a decayed tooth the pain vanished. Prof. Gross has seen again and again neuralgia kept up by decayed teeth, upon the removal of which, the pain disappeared without any medicine.

The patient was directed to have the affected teeth removed, and ordered ten grains of quinine, morning and evening, until quininism is produced. Small doses of quinine are worse than

useless, under such circumstances. Good doses, well directed, will accomplish more than many small ones.

Chronic Ulcer.

Caroline S., æt. 30. She has had an ulcer over the tibia for seven years. The ulcer, although superficial, manifests no disposition to heal. Its surface is coated with coco-plastic lymph, and the surrounding parts, to a very considerable distance, are in a state of inflammation.

The limb was immersed in a bucket of warm water, a fillet thrown around the leg a short distance below the knee, and the parts scarified. The incisions were made vertical and superficial, so as to divide a part, but not the entire thicknesss of the skin. Depletion to the extent of some ten or twelve ounces, was thus secured. A solution of acid nitrate of mercury, one part to five of water, was then applied. Dilute ointment of nitrate of mercury, one part to seven, was directed to be applied, on a piece of patent lint, two or three times in the twenty-four hours, to the surface of the ulcer, while the limb will be wrapped up in a strong solution of acetate of lead.

Scarification is of immense benefit in the management of chronic ulcers of the inferior extremities.

Medical Societies.

Maine Medical Association.

The semi-annual meeting of this Association was held in Augusta, Wednesday, Feb. 5th, and the attendance of physicians from various parts of the State was quite large. Dr. Tewksbury, the President, welcomed the convention in a short but eloquent address, in which he referred especially to the relations of the members of the profession to each other and the public. Reports were received from the various County Associations.

Dr. Buxton reported a bill on Compulsory Vaccination, which, he stated, had been presented to the Judiciary Committee of the Legislature.

Dr. Dana, from the Committee on procuring a charter and appropriation for a Maine State Hospital, reported the same action on the part of that committee.

Dr. Tewksbury, from the Committee on Anatomical Bill, reported similar action on part of that committee, and read the bill as offered to said committee.

The bill provides for procuring subjects for anatomical purposes from jails, prisons, hospitals and almshouses, of towns of five thousand and more inhabitants, in cases where the deceased had expressed no wish before death for burial, or where no friends claim them within twenty-four hours after death.

Dr. Chadwick, from the Committee on Publication of Transactions, made a partial report, which was accepted.

In the evening many members of the Legislature were present, and the session was confined to a discussion of the subjects embodied in the above reports.

Editorial Department.

Periscope.

THEN AND NOW:

A Discourse Introductory to the Course of Lectures in the Jefferson Medical College of Philadelphia, by S. D. Gross, M. D., Oct. 14, 1867.

(Published by Request of many Subscribers.)

(Continued from page 126.)

What is true of diseases is equally true of medicines. I need only refer, as an evidence of the fact, to the mania which at present prevails in regard to the use of bromide of potassium, carbolic acid, and some other articles. I have witnessed the rise and downfall of a hundred panaceas.

That this fashion in medicine had its influence in times past, as it has in the present, no sensible man can doubt, else it would be impossible to account for the large evacuations formerly practised in the treatment of disease. The bleeding was often not only excessive, but ill-timed, and wholly improper. I quote some cases in illustration. A young woman, the subject of acute pleurisy, was bled by Professor Gregory, of Edinburgh, 230 ounces in a few days; and in a case referred to by Dr. Blundell, of London, the quantity removed within the same period was a gallon and a half. Both patients recovered. In the memoirs of the French Academy, examples are related of 300 ounces. The late Dr. John W. Francis, of New York, one of the most distinguished physicians our country has ever produced, was bled in early life nearly ten quarts in a few days, for a violent attack of croup. Mr. Cline, or London, drew 320 ounces of blood in twenty days, from a man in St. Thomas's Hospi-

tal, on account of a contusion of the head. Dr. Physick abstracted 90 ounces, by weight, from Dr. Dewees, at one bleeding, in a sudden attack of congestion of the brain, while laboring under fever. Dr. Rush, in his "Defence of Blood letting," declares that it is much better not to bleed at all in fever, if the quantity drawn is disproportionate to the violence of the disease. "If," says he, "the state of the pulse be our guide, the continuance of the inflammatory action, after the loss of even 100 ounces of blood, indicates the necessity of more bleeding, as much as it did the first time a vein was opened."

Rush and his followers bled in all classes of diseases, even in small-pox and the so-called malignant fevers, as well as in all conditions of the system, in anemia as well as in plethora. He bled a medical man, the subject of an attack of autumnal fever, which continued for thirty days, twelve times before he succeeded in arresting the disease. He bled one lady for a pleurisy, in her pregnancy, eleven times in seven days, another thirteen times, and a third sixteen times, while in a similar condition, and all three recovered, without any detriment to their children. Old age constituted, in the opinion of this great man, no barrier to the operation. He bled a lady, in the eighty-fourth year of her age, twice in an attack of pleurisy; and from a man, ninety years old, the subject of bilious fever, he abstracted thirty-six ounces of blood at three bleedings, recovery following in both instances. "I bled," he says, "my eldest daughter, when she was but six weeks old, for convulsions brought on by an excessive dose of laudanum, given to her by her nurse; and I bled one of my sons twice, before he was two weeks old, for an acute fever, which fell upon his lungs and bowels." "I have used this remedy with great success, in every case of consumption attended with a hard pulse, or a pulse rendered weak by a laborious transmission of the blood through the lungs." In one instance, he bled fifteen times in six weeks, and in another, eighteen times in two weeks, in this state of disease, with, as he declares, the happiest effect. "Mr. Tracey, of Connecticut," says Dr. Rush, "informed me, in the spring of 1802, that he had been bled eighty-five times in six months, by the order of his physician, Dr. Sheldon, in the inflammatory state of this disease. He ascribed his recovery chiefly to this frequent use of the lancet."

I well recollect that the first case of disease I ever saw in this city, after I became a pupil of the late Dr. George McClellan, the founder of this school, and its Professor of Surgery, was one of pleurisy in a young man whom I was sent to bleed, and in whom the operation was afterwards repeated daily, until the pain and fever left him. This was at that time the usual practice. Occasionally, indeed, not unfrequently, the bleeding was repeated twice and even thrice on the same day, generally by re-opening the same orifice.

An anecdote, related to me by my colleague, the distinguished Professor of Medicine, will better illustrate the sanguinary practice of former times than anything I can tell you. An old friend and patient of his, a gentleman of unbounded hospitality and luxurious habits, generally spent his summer months at Saratoga for the benefit of his health. As he labored under a chronic ophthalmia, aggravated by the high living of the winter, he always stopped a few weeks at Philadelphia to profit by the advice of Dr. Physick. He was, of course, in consonance with the practice of the day, placed upon low diet, consisting chiefly of mush and milk, and, as he was quite plethoric, was further reduced by bleeding and purging on alternate days. One gloomy, wet, and chilly June morning, while sitting despondingly by the fire in his chamber, Dr. Physick made his regular call. He did not enter, but stood at the door, and asked his patient how he felt. "Quite uncomfortable," was the reply; "my eyes are very sore." "Send for the bleeder, then," said the Doctor, "and lose eight or ten ounces of blood." "But it is my rhubarb day!" exclaimed the sick man, "and I have already taken my dose." "No matter," was the rejoinder, "you must be bled." "I be d—d if I will," said the patient. "If you had touched my pulse I would have followed any directions you might have given me; but no man shall prescribe for me across the room." "Good morning," said Dr. Physick, coldly; and they parted, never to meet again.

Dr. Rush, meeting unexpectedly an old friend during the height of the yellow fever in 1798, asked him why he had not left town. He replied that he had sent his family away, but could not leave himself. "Then," said Dr. Rush, "go home and be bled immediately."

The great physician had evidently studied Molière, in whose time, when the practice of bleeding was in full force, high health was a thing to be feared, and to be subdued with the lancet and "dulcifying clysters." If the person remonstrated, the reply was: "The method is salutary; and as one drinks for thirst to come, one must likewise be bled for illness to come."

The practice of bleeding and purging in the

spring, as a means of purifying the blood, and thus protecting the system against disease in the hot summer months, prevailed almost universally for ages, and was abandoned only when bleeding and active purging became unfashionable in the treatment of inflammation. I recollect it was the custom thirty-five years ago, in the spring, for scores upon scores of people, especially in the rural districts, to go to the doctors to be bled. Sometimes non-professional men performed the operation on a large scale. The late Mr. Hazard, one of the founders of Mauch Chunk, in the early days of that settlement, when physicians were scarce, had quite an extensive practice of this kind. One day a stout, hale-looking Irishman came to be bled. "Mr. Hazard, how much do you charge for takin' a point o' blood?"—the quantity usually drawn. "Nothing," was the reply. "Then, by St. Peter," said Pat, "you may take a whole quart from me."

It was but yesterday, as it were, that cold water was scrupulously withheld in the treatment of fevers, especially if the patient had taken calomel, then so fashionable a remedy; and that an unconquerable prejudice existed even against ventilation or the ingress of cold air into the sick chamber. Cold water, now so extensively employed as a local remedy in wounds and external diseases, was formerly looked upon either as an inert or dangerous application.

Now, who, in looking at this practice of Rush and his cotemporaries, from our stand-point of conservatism, would not pronounce it to be grossly absurd, if not positively criminal? The modern physician, uninfluenced by prejudice, and governed by sound knowledge and judgment, instinctively asks himself the question: Could such a practice as this have ever been necessary? If we answer affirmatively, one of three things must be assumed, either that our predecessors were fools, that there has been a great change in the nature of disease, or that the march of science has put us in possession of remedies which have very properly superseded the heroic practice of former times. I have already expressed my belief in the change of type of disease, as well as alluded to the fact that we are acquainted with certain remedies of which no one had any knowledge thirty years ago. As to whether Rush, his disciples and his cotemporaries were fools—reckless, ignorant men, without science or judgment—I leave others to determine. It is easy to see that a judicious use of aconite and veratrum viride in the hands of those practitioners would have enabled them to dispense with this frequent employment of the lancet, and to conduct, with the aid of these active agents, their cases to an equally favorable issue, as is done at the present day. It is evident that these knights of the lancet labored under most extraordinary delusion in regard to the efficacy of general bleeding; they bled largely in all stages of disease, and under all circumstances and conditions of the system, and thus committed the most flagrant errors. Had they limited the operation to the incipient and gravescent stages of disease, before there was any serious structural change, the product of abnormal deposits, much less mischief would have been done, and many more lives saved. They forget, as most men now forget, that there is a bleeding point, which, if properly interpreted, may often be seized with infinite advantage, especially in the treatment of acute disease of the most important organs and tissues.

Who does not see in this excessive bleeding, and vomiting, and purging, and abstinence, the influence of fashion, the crinoline of society, the autocrat of medicine?

In thus assigning what I conceive to be the true causes of the extraordinary changes that have taken place in the treatment of disease and injury within the last quarter of a century, I am not unmindful of the fact that morbid action of every description is liable to be temporarily influenced by peculiar extraneous circumstances. During the prevalence of severe epidemics all intercurrent, maladies, of whatever nature, wear, as Dr. Rush long ago so justly remarked, the livery of the dominant disease, thus materially weakening the system, and proportionately interfering with the employment of depletory measures. At such times the surgeon often finds that wounds unite with difficulty on account of the imperfect vitality of the plasma, and that it is not safe to perform any of the more severe operations. But these changes always rapidly disappear with the prevailing distemper; they do not impress themselves permanently upon the constitution, and do not, therefore, lead to what are properly termed changes of type of disease.

Extremes, whether in science or in politics, are dangerous, and, in general, short-lived, errors; and it does not require the prevision of prophecy to determine that the present mode of treatment, which has so enslaved the medical mind throughout the civilized world, must, in a comparatively short time, undergo important changes. It cannot be otherwise. The difference is too appalling; it is a chasm, not a bridge. Nature takes no leaps. In so great a problem the truth always lies in the middle, not at the outskirts. The

lancet will again come in play, not so extensively or indiscriminately as in former times, but moderately and philosophically; and the present terrible system of stimulation, which sends its victims daily by thousands prematurely to the grave, and which fills our land with drunkenness and crime, cannot much longer maintain itself in the confidence and esteem of the reflecting members of a great and learned profession. A modified, improved, regenerated practice, based upon common sense, and a more sound clinical observation must take its place, and thus carry healing and blessings upon its wings to the nations of the earth. Those of us who have lived to see the workings of these two extremes, the extremes of excessive depletion on the one hand, and of excessive stimulation on the other, are living witnesses of the power of endurance of the human system, often under the most adverse circumstances. We can testify from personal observation, which many of the younger members of the profession cannot, to the fact that a man, burdened with disease, may live with hardly any blood in his body, on the one hand, and, on the other, that he need not necessarily perish when his system is saturated with alcohol.

The last third of a century has witnessed the downfall, if not also the rise of a number of systems of medicine. Solidism, which in the hands of Boerhaave and Van Swieten, had in great degree been supplanted by humoralism, had still, early in my professional life, a firm hold upon the minds of some of our most distinguished teachers and writers, who could discover in the human body nothing but a mass of material, acted upon and influenced mainly by sympathy, without any positive agency of the blood. Everything, even conception, was explained through the action of this mysterious power. The fact that medicines could enter the circulation, and thus affect the solids, was sternly denied. The last and most distinguished champions of this doctrine were Chapman and Caldwell, names well known to the American student. The researches of Andral and Gavarret, Müller, Gulliver, Jones, Gibert, and others, on the blood, effectually dispelled these antediluvian reveries, and opened a mine of knowledge, from which has issued a vast flood of light upon the nature and treatment of disease. The reign of solidism is ended, and humoralism is, as it was a century ago, the dominant idea. A fluid so complex in its composition, the basis of nutrition and growth, pervading and fertilizing every atom of living matter, must necessarily be closely connected with many morbid changes, and must itself be a prolific inlet of disease. Indeed, there is a class of affections, universally recognized at the present day, as dependent mainly, if not exclusively, upon a morbid condition of the blood, and hence denominated blood-diseases. These affections were well portrayed by Andral and Gavarret thirty years ago, in their work on Hæmatology, and they have since been more elaborately and correctly described by other observers.

Broussaisism is another of the idols that have been broken by the onward march of science. This doctrine, so called after Francis Joseph Victor Broussais, its founder, born at St. Malo, in 1772, exercised a powerful influence upon the practice of medicine, in the early days of my professional life, on account of its extreme simplicity; for it referred almost all diseases, especially the different forms of fevers, to inflammation of the mucous membrane of the alimentary canal, and the practice which he suggested for the cure of his patients consisted mainly in the use of ptisans, gum-water, a non-stimulant diet, and a few leeches to the abdomen. The author of this system, or the New Doctrine, as it was more generally termed, which aimed to revolutionize the practice of medicine, was a voluminous writer, and it is a singular fact that all his more important works were translated in this city by gentlemen who have since, although not followers of his school, occupied a high position in the medical world. He died in 1838, and was interred, with great pomp and ceremony, at Père-la-Chaise, his pupils dragging along the hearse to the grave, as a mark of respect and devotion to their illustrious master. Five years after this event a statue was erected in his memory at the Hôpital du Val-de-Grace, of which he had long been chief physician and professor of military surgery, and a discourse pronounced upon his life and character in the name of the Royal Academy of Medicine, by Mons. Pariset, the permanent Secretary. Whatever may have been his merits as a zealous laborer in the cause of medical science, it is evident that Broussais was a very indifferent observer, as well as a very unsound and unphilosophical practitioner; in a word, a mere medical enthusiast, whose doctrines are now remembered only as matters of history, no one attaching any importance to them. He has not one follower at the present day, and even his name is almost forgotten.

Cookeism not long ago wielded an extensive influence in the medical practice of the United States, especially in the south-west. Dr. John Esten Cooke, its author, taught that nearly all diseases had their origin in disorder of the por-

tal circulation, and that all that was necessary to cure them was to administer a pill composed of rhubarb, aloes, and calomel; hence called the R. A. C. pill. Occupying the exalted position of Professor of Medicine, first in Transylvania University at Lexington, and afterwards in the University of Louisville, this doctrine was eagerly seized upon by the numerous pupils who attended his lectures, and for nearly a quarter of a century his name was a household word with the physicians of the valley of the Mississippi. The R. A. C. pill slew its thousands of victims, and caused the destruction of innumerable lips, cheeks, teeth, and jaw-bones, the result of the horrible ptyalism so common in those days. I recollect the case of a young lady, the subject of an atrocious neuralgia, brought on by injury inflicted upon the nerves at the bend of the arm in venesection, who, in the course of three months under the direction of one of the disciples of Cooke, had swallowed 155 of these pills with no other effect, apparently, than a very pallid face and a worn-out stomach. During the prevalence of the Asiatic cholera at Lexington, Cooke recommended and prescribed calomel in enormous quantities. I have it upon the most reliable authority that a specimen dose, weighing one ounce and two drachms, ordered for one of his patients, is still preserved in the chemical laboratory of Professor Peter of that city. His colleague, Dr. Dudley, on the contrary, was a great advocate for the use of emetics, especially in chronic scrofulous affections of the joints, spine, and eye, in which he not unfrequently gave daily tartrate of antimony and potassa in emetic doses for weeks and even months together, with bran gruel as the principle article of diet.

Dr. Cooke was born at Boston, Massachusetts, in March 1783, during a visit made to that city by his parents, who were residents of the Island of St. George's, one of the Bermudas. He died in October, 1853, at the age of seventy years. One of his former colleagues, Professor Lunsford P. Yandell, who had known him long and intimately, thus speaks of him in a recent communication to me: "Dr. Cooke was one of the most scrupulously truthful, honest, brave, and true-hearted men I ever knew; a man of the greatest strength and depth of conviction. What he believed he believed entirely. He was a sincere Christian, and most exemplary in the relations of life." Dr. Cooke was the author of a work on Therapeutics, in two volumes, long since out of print. He was an acute reasoner, and a man of great intelligence, but a poor lecturer.

The numerical method, introduced by Louis, of Paris, thirty-five years ago, was warmly embraced by many of the leading physicians of Europe and America, as likely, if carefully and systematically pursued, to be productive of much practical benefit, in testing and determining various methods of treatment in particular classes of diseases; but no good seems to have resulted from its adoption, and for the last ten years the subject has apparently been entirely lost sight of. The author of the system still lives; the system is defunct.

There were many things believed in medicine in former times that are utterly discredited in the present. It is only necessary here to refer to what were called crises in febrile diseases, a doctrine firmly maintained by the ancients and even by many of the moderns. These crises, which were supposed to be characterized by certain prominent changes in the nature of the malady, occurred, according to Hippocrates, on the 3d, 5th, 7th, 9th, 11th, 14th, 17th, 21st, 27th, and 34th days; Galen, on the contrary, regarded the 7th, 14th, 21st, and 28th days as the critical days. Cullen was led to believe that there were no critical days beyond the 20th, which he considered as the true critical one. All this nonsense, concerning which a great deal used to be said, even by apparently sensible physicians, when I entered the profession, is now thoroughly exploded.

The day of polypharmacy and of large doses is passed, never, it is fondly hoped, to return. The practice, in this respect, is totally changed. Physicians not only give medicine in much smaller quantities, but much less frequently, and the consequence is that their patients recover much more rapidly, and with much less damage from the prostrating effects of disease and injury. The art of prescribing is much more simple; diagnosis is more thoroughly understood; and the practitioner has learned to place more confidence in the resources of nature.

These changes and revolutions in the practice of medicine, this upheaval of old systems, occuring within so short a period, are well calculated to startle the sober-minded and reflecting physician, and to engender a spirit of skepticism in regard to the certainty of the healing art. Men indulging in hasty generalization would hardly fail to arrive at any other conclusion. Those of a calmer judgment, on the contrary, will reason differently, and, despite these changes, retain an unshaken faith in the value of medicine. It is easy for them to see that these changes are essentially due to the influence of the writings and teachings of a few brilliant men, who, from

time to time, rise in the profession, and who, by their dazzling genius or pernicious example, mislead and misguide its less thinking and less enlightened members. Observation is confessedly a difficult art. "In medicine," says a distinguished author, "there are various circumstances which render it less easy to ascertain the facts than in most other cases. These depend partly on the nature of the subject, and partly on the situation and character of the observer. It was the shrewd remark of a learned professor, that in medicine there were more false facts than false opinions. On all topics, either historical, scientific, or literary, mankind possess a strong avidity for the marvellous. From the constitution of the human mind, the love of novelty is one great principle by which the attention is excited and the intellectual powers are called into action." Physicians, like other men, naturally love change, and it is not casting any imputation upon the character of the profession, to assert that few of its members are capable of close analysis, of calm investigation, or of strict philosophical induction. It is much easier to jump at, than to reason out conclusions; much easier to theorize correctly than to observe correctly. The anecdote of Charles II. and the Royal Society of London, familiar to every student of history, furnishes a striking illustration of the truth and force of this remark. The monarch, soon after the incorporation of this learned body, requested of them to know why it was that a live fish thrown into a basin of water, did not affect the weight of the vessel and the fluid, whereas a dead one would, precisely in proportion to its own weight. After much discussion, and the presentation of a number of elaborate essays explanatory of the circumstance, a member, more skilled than the rest in the Baconian philosophy, rose and inquired whether there really existed such a difference as that alluded to. Great excitement thereupon ensued, and some even asserted that to doubt his majesty's word was not only an insult to his dignity, but treason to the state. The question, however, after due investigation with a live and dead fish, was finally decided in the negative, the king having merely desired to hoax the philosophers.

Many years ago it became my duty to examine the body of a woman, who, the night previously, had, as was supposed, been killed by her lover. Her countenance exhibited a congested, livid appearance, and there was a well marked indentation on the right side of the larynx, as if it might have been made with a thumb nail. When the trial came on, a number of witnesses, some of them of great respectability and intelligence, testified that the face looked perfectly natural, and that the abrasion in question was situated on the left side, instead of on the right, as I had described it. The prisoner was convicted wholly upon circumstantial evidence, but the day before his execution, he confessed he had choked the woman to death with his hand.

These cases are types of a thousand others, of daily occurrence, and they serve to remind one of the man, who, seeing a donkey for the first time, exclaimed that he had found the "father of all the rabbits."

Much of the healthful progress of the medical science of the present day is due, first, to a better acquaintance on the part of the physician with the nature of disease; secondly, to the knowledge that very frequently little or no medication is required to afford relief; and, lastly, to the fact that every case of morbid action must be managed upon its own merits, or, in other and more comprehensive language, that, while there are certain general principles which should not be disregarded, every case must be treated according to the peculiar features by which it is distinguished.

Disease is not, as it was formerly imagined to be, a special entity, a particular essence, a something vague, intangible, mysterious, but simply a departure from the normal standard, a change in or of a part brought about by a perverted action of its circulation, innervation, and nutrition. Nearly every disease, whatever its name or site, is essentially an inflammation. Even in what are called the neuroses, or nervous affections, inflammation generally plays a conspicuous part.

Another well established fact is that disease is modified by structure and function; a discovery mainly due, at first, to the labors of Bichat, and afterward to the careful study of pathological anatomy and clinical observation.

These two propositions, thus briefly stated, comprise the germs of a revelation in medicine of the most stupendous character; a revelation which has swept away, with one fell swoop, the whole system of nosology, and has done more than all that preceded it in laying its foundation, broad and deep, as a grand science, to be viewed and studied as an object of natural history, in the same manner and upon the same principle precisely as an animal, a plant, or a mineral is viewed and studied, apart from all hypothesis and speculation, as something tangible and existent, not vague and undefined, without form or substance.

The fact that nature is often capable of curing disease is now universally admitted, and has led led to many most salutary changes in the practice of medicine. This doctrine is not, as has already been stated, new; but for the diffusion of a general knowledge of it, the world is mainly indebted to two men, the late Sir John Forbes, of London, and Dr. Jacob Bigelow, of Boston. Similar views have long been ably advocated by the learned professors of physiology and medicine in this institution.

That every case of disease, whatever its origin, location, symptoms, or complications, should be treated upon its own merits, or according to the peculiar features by which it is characterized, must be evident at first sight, but, unfortunately, this principle is seldom recognized at the bedside, and the consequence, as may well be imagined, is often most pernicious. The universal employment of this or that treatment, in consonance with the fashion of the day, cannot be too pointedly condemned.

(To be continued.)

Boro-Citrate of Magnesia as a Remedy in Urinary Calculus.

Dr. Becker, of Mühlhausen, reports (*Memorabilion*, XXII, 4, 1867,) some cases in which the use of this double salt, consisting of borate and citrate of magnesia, ("as much as will lie on the point of a knife given every two hours") effected the cessation of pains in the region of the kidney and the passing of stones.

On Umbilical Cord Noises and their Significance.

Dr. Charrier, of Paris, communicates a number of observations to the *Gazette des Hôpitaux*, No. 40, 1867, for which he avows the following conclusions:

1. The noise from the umbilical cord, although occurring seldom, exists much more frequently than is generally believed.

2. It is practically of great importance; for

3. It indicates a compression of the cord and interference with fœtal circulation in consequence.

4. An intermittent occurrence of the noise gives a more favorable prognosis, and justifies expectant or do-nothing treatment.

5. If the noise be continued, at the same time heart sounds becoming feeble and irregular, with violent movements of the fœtus, the physician should induce premature delivery as the only means of preventing the fatal consequences to the fœtus of compression of the funis.

6. The umbilical cord noise is often caused by accidental shortness of the cord.

7. Accidental as well as real shortness of the funis may be recognized toward the termination of labor by the inversion of the fundus uteri during the pain, the womb resuming its normal form during the intervals between labor pains.

Reviews and Book Notices.

NOTES ON BOOKS.

The ever welcome *Hours at Home* is again upon our table. Among its many readible articles we specially commend "Moral Uses of Dark Things," by Horace Bushnell, D. D., being No. 12 of a series on that subject.

This article is written with the pen of a ready writer, and cannot help doing good. Wisely does the writer say, "The present is transitory, the future uncertain, but not because God chooses, for some inscrutable reason, to put us sighing over the mutabilities." We advise all to read the article, especially those who are disposed to be always finding fault because the earth does not revolve to suit them, or because the times and seasons appear to them to be ever out of joint. Scharles Scribner & Co., New York. *Price*, $3.00 a year.

The Atlantic Monthly for February, contains its usual quantity of able contributions. The one entitled, "Does it Pay to Smoke?" is worth more than the pay of the journal for ten years, to any young man who will read, ponder upon, and be benefited by its unanswerable arguments against the vice of smoking. The writer styles himself "An Old Smoker," and he is well qualified to instruct those who have not yet become slaves to the use of tobacco,—the besetting social sin of so many young men of our day. We wish every one of them could read this article, and let its teachings improve their habits. Ticknor & Fields, Boston. *Price*, $4.00 a year.

The Northern Monthly, Vol. 2, No. 4, February, 1868; publication offices, No. 37 Park Row, New York, and No. 248 Broad street, Newark, N. J., contains the following ten well written articles: "The Thief in the Night;" "The Metropolitan Pulpit;" "History of the English Language;" "Maj.-Gen. Philip Kearney;" "Un Bas Bleu;" "Naples and Vesuvius;" "Organizing Public Opinion;" "Miss Van Arsdale;" "Editorial Department;"—by the way, the best description of the life and trials of an Editor we have met with for a long time;—and "The Pro-

gress of Native Taste and Industry." This magazine is comparatively a new competitor for public favor; but if it continues to supply such valuable matter as is to be found in this number, we cannot see how it can fail to succeed. *Price*, $3.00 a year.

Either of the above, or all of them, can be had at a reduced price, in connection with "The Med. and Surg. Reporter."

Treatise on the Diseases of the Eye, including the Anatomy of the Organ. By Carl Stelwag von Carion, M. D., Professor of Ophthalmology in the Imperial Royal University of Vienna. Translated from the third German edition, and edited by Charles E. Hackley, M. D., and D. B. St. John Roosa, M. D., with an Appendix by the Editors. Illustrated by ninety-six wood engravings and eighteen chromo-lithographs. New York: William Wood & Co., 61 Walker street, 1868. One vol., 8vo., pp. 774. *Price*, cloth, $7.00; sheep, $8.00.

This is one of those complete, exhaustive, magnificent monographs which we may look for in vain outside of Germany. All that modern science has lent to the diagnosis, all that the most careful observation has contributed to the treatment, and all that the most patient research has furnished to the pathology of diseases of the eye, are gathered together in this comprehensive volume. That the English translation does full justice to the original, the names of the translators are a sufficient guarantee, and the fidelity with which the chromo-lithographs are reproduced, is highly creditable to the publishers. The wood cuts do not quite come up to the mark. We cannot understand why publishers do not at once obtain the original *clichés*, instead of having copies cut by inferior workmen in this country. It would be both better and cheaper to do so.

The volume is divided into four parts. The first treats of inflammation of the eye and its consequences; the second, of tumors; the third, of cataract; and the fourth, of functional diseases, such as amaurosis, hemeralopia, astigmatism, etc. An appendix of twenty pages contains a series of test types and some useful remarks on the use of the ophthalmoscope, and on lateral illumination.

The anatomy of the organ is treated *en passant*, as suggested by the various lesions mentioned.

As a whole, there is no other treatise on the eye in the English language, equal to this of Von Carion, for completeness of detail, judicious suggestion, and fulness of illustration.

Light: Its Influence on Life and Health. By Forbes Winslow, M. D. New York: Morehead, Simpson & Bond, 1868. One vol., cloth, pp. 200. *Price* $1.75.

Dr. Forbes Winslow is so well known as a thorough student and brilliant writer, that we may rest assured that anything which comes from his pen will be both fascinating in style and rich in matter. The present little volume combines both these qualities in an eminent degree. The subject is a grand one—the grandest, in a certain sense, in the whole field of physics; for the Inspired Word itself tells us that ὁ θεος φως εστι—*God is light*—which we take to mean that it is the most fit symbol of the highest intellectual conception of divinity, and the agent in nature nearest allied to the immaterial and the divine.

The book is divided into four parts. The first treats of the physiological effects of the solar rays on animate beings. The second, entitled "The Lunar Ray," discusses the alleged influences which the moon exerts on animal and vegetable life. Of this vexed question, popular with the masses, and scouted by the educated, we shall take occasion to speak at length hereafter. Enough at present to say that Dr. Winslow evidently inclines to the opinion that the vulgar may be more than half-right after all. The third part is on the pretended influence of the insane. This, too, is left an open question. The fourth part, on the hygiene of light, is full of useful suggestions for the architect and the nurse on the importance of introducing light and sun shine into the house and sick-room. We may say in conclusion, that few books which have appeared in medical science during the past year, are as pleasant reading and as rich in matter as this.

Agricultural and Horticultural Annuals for 1868.

Orange Judd & Co., 245 Broadway, New York, the publishers of that excellent monthly, the *American Agriculturist*, send us two beautiful annuals for 1868; one Agricultural, the other Horticultural. They are beautifully embellished, and thoroughly adapted to the purpose for which they are intended, viz., manuals of Agriculture and Horticulture. *Price* of each, paper, 50 cts.; cloth, 75 cts.

We have also before us the "*Illustrated Catalogue and Floral Guide*" of James Vick, of Rochester, New York. It will be found an almost essential companion to those who are fond of cultivating flowers, giving full information on the subject, with lists of flowers, etc., etc. The work is profusely embellished. *Price*, 10 cts.

Medical and Surgical Reporter.

PHILADELPHIA, FEBRUARY 15, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

PHYSIOLOGICAL AND PATHOLOGICAL LUNAR INFLUENCES.

The greater part of Dr. Forbes Winslow's little book, entitled, "Light; its Influence on Life and Health," which we recently noticed as having been republished by Moorhead, Simpson & Bond, is taken up with an investigation into the alleged influence exerted by the lunar rays and lunar action on the mental and physical health and disease of the human subject. The topic is a curious one. All of us who have practiced any length of time, know how deeply rooted in the mind of the common people is the belief that the moon has a most extensive sway over our various diseases. Such words as "lunatic," and "moonstruck" testify how ancient is such a notion. It is most interesting, therefore, to see this old superstition, as it has often been called, thoroughly revised in the light of modern science by one of the most distinguished medical writers of our day.

Many readers will no doubt be astonished to learn that Dr. Winslow by no means rejects the whole alleged lunar influence as a vulgar error. On the contrary, he boldly asserts, "There exists in the writings of many able, truthful, and conscientious men, a vast body of valuable and *indisputable* evidence in support of the theory of planetary influence." He quotes at considerable length the works of Drs. Mead, Balfour, Jackson, Orton, and Mosely, all of them most respectable authorities, and all of them most positive in their assertion, that in various diseases they had detected a close connection between the pathological phenomena, and the phase of the moon. That the lucid intervals and periodical mania of many insane patients recur in correspondence with the lunar changes, he adduces the testimony of such well-known observers as Pinel, Daquin, and Guistain, to confirm. At the same time, Dr. Winslow gives the *per contra* with extreme fairness, showing that many very careful physicians have not been able to distinguish any such co-relation. He suggests a compromise. "Is it not probable," he asks, "that there is some degree of truth on both sides of the question; in other words, that the alleged changes observed among the insane at certain phases of the moon may arise, not from the direct, but the indirect influence of the planet?" In other words, from its light, its influence on the rarity or electric condition of the atmospher, moisture, etc.

Unfortunately, while Dr. Winslow gives us very fully the literature of the topic, he offers no original observations or experiments. He confesses candidly that he has made none. He has, to use his own simile, but picked up and classified the rare shells on the shore of science, not offered any new species to us. Nor do we think he has sifted the facts quite as thoroughly as he might have done. He adverts to the extremely wide-spread belief in lunar influence, found as it is in all ages and nations, and he thinks that this is *a priori* evidence that there must be some foundation for it. But this does not follow. The more correct solution is pointed out by Dr. Kurt Sprengel, in his *History of Medicine.* The moon, he shows, was in ancient Egypt worshipped under the name of *Isis*, which finds its meaning in the Phœnician tongue as *moisture.* She was the goddess of *water*, and to wet, dampness, the humors, the ancient pathology attributed all disease. Therefore "the wat'ry moon," as Shakespeare calls her, became the goddess of disease, not from any supposed effect she exerted, but simply as goddess of that element. This holds good of the mythological position of this orb in nearly every mythology.

The extent to which the faith in her power was carried in the middle ages is surprising. Some curious illustrations besides those in Dr. Winslow's book occur to us. In the works of Adrian van Helmont, she is called "chief over the wombs and motherly waters," and in a production of his contemporary, Dr. August Etzler, called the "*Isagoge Physico-Magico-Medica*," the precept is laid down—"Luna generalis mulierum præses est." Cousin, in his "Fragments of Carte-

sian Philosophy," remarks that Vanini, a sceptical philosopher of the sixteenth century, explained the resurrection of Lazarus in a manner highly satisfactory to himself by the action of the moon! In a curious little book, published in London, in 1638, entitled, "De Vulgi in Medicinâ Erroribus," the author, Dr. Jacobus Primirosius, remarks: "Some say we should purge only when the moon is in the watery signs, and that in such a sign we should use a pill, in such another, an electuary, in a third a potion, and so on. And that we should bleed a phlegmatic temperament when the moon is in Aries or Sagittarius, a bilious temperament only when in Cancer or Pisces, and so forth. But," he very sensibly adds, "the best physicians, both ancient and modern, very properly disregard these precepts."

Among the alleged effects of the lunar rays, there is one which is to a certain extent true,—that they hasten decomposition. This we have often heard asserted by hunters and fishermen, who ought to know; and Arago, who has examined the question, apparently concedes its correctness, in his excellent article in the "Annuaire du Bureau des Longitudes, pour 1833." Because the lunar rays emit no perceptible heat, it by no means follows that their chemical action is equally insignificant. The chemical rays and the heat rays bear no necessary relation.

What is wanted, however, is a series of carefully conducted experiments by a calm, unbiassed observer, who will neither reject popular opinion without inquiry, nor take up the cudgels to defend it whether correct or not. Until such an observer arises, we must be content to neither accept nor reject what is said of lunar influences, and to remain in a condition of philosophical scepticism.

"A Classic Invitation."

Under this title we, several weeks since, copied an item in which an invitation to a social party was "done" into a sort of mediæval Latin, and which we attributed to Prof. Martyn Paine, of New York. It seems, however, that it had a homœopathic origin, the invitation having emanated from a prominent homœopathic practitioner of Albany, N. Y., Dr. H. M. Paine.

Notes and Comments.

Alleged Infanticide in New York.

Much excitement has been created in New York lately by the alleged discovery of an institution where infants were systematically murdered. We find the following record of two of the cases:

"An inquest was held yesterday by Coroner Keenan at the residence of Dr. Thomas C. Finnell, No. 132 West Houston street, on the body of two infants, one named Ann McKenna, and the other unnamed, who were on Saturday, by order of Coroner Keenan, removed from the asylum of Mrs. Catharine Putnam (alias Madame Parselle), at No. 147 West Seventeenth street. Dr. Charles C. Terry testified that he had made a *post-mortem* examination of the bodies of the infants, and found traces of opium in the stomachs; the amount was small, however, and had probably been given for medicinal purposes. Dr. Thomas C. Finnell testified that, with other medical gentlemen, he had made a *post-mortem* examination of the bodies; he found them much emaciated and bloodless, but free from any special disease; in his opinion death was caused by improper nourishment. The jury, composed entirely of medical men, rendered a verdict in accordance with this opinion."

Dr. J. W. Ranney, who seems to be the physician of the Institution, claims, in a communication to the *N. Y. Tribune*, that though there were numerous deaths in the asylum, there were no more than in other similar institutions. He says that many of the cases are rendered hopeless from exposure and want of proper care when brought there. The reported cause of death having been questioned, Dr. Ranney says:

"But the cause of death is said to be incorrect. In the Bureau of Vital Statistics is a long list of just such cases, written by some of our best physicians, and in the same way. So I have plenty of company in my affliction. But how about the reported *starvation*? I have never seen the least cause for such an accusation. I again appeal to the records of cases of deaths from infantile diseases. Those who have been the most carefully nursed and fed, but died, show exactly the same appearances. The post-mortem examination proved nothing."

It is well known that the mortality of this class of infants—foundlings, or those that are cast off by unnatural parents—is very high, seldom under 75, and more frequently above 90 per cent. The fact, therefore, that there was a heavy mortality, is no proof in itself, that the infants were foully dealt with. We must not, however, be understood as defending this woman. By passing under an assumed name, she at once places herself under suspicion that something may be wrong.

There has also recently been considerable excitement in England on this same subject, and in one case at least, we believe, it was distinctly proven that a woman made it a practice to relieve parents of unwelcome children by smothering, or otherwise murdering them.

A Critic Criticised.

We rarely notice anonymous communications, believing that what a man is afraid or ashamed to put his name to, must be certainly unworthy of notice on our part. But we will make an exception of the following letter, which has reference to one of our answers to correspondents in a late number:

"Editors Reporter: Gentlemen—Did you in a *private letter* to Dr. C. H. H., of Kentucky, recommend him to have the child baptized before commencing the very heroic treatment you advise in his case of chronic diarrhœa of a child.

"The doses advised, have no doubt succeeded in some remarkable resistant instances, in terminating the disease and life of the patient at the same time."

Prof. Monnoret, who introduced the subnitrate of bismuth into modern therapeutics, recommends it in teaspoonful doses *to nursing infants*. He says: "It is just here that we see the marvellous effects of this salt, in that it may be used in large doses in the diseases of children, giving rise, not only to no danger, but not even to any uneasiness." (*Bulletin de Therapeutique*, Dec. 15, 1866, in Bouchardat's *Annuaire.*) In intestinal hemorrhage he recommends this dose *every hour*. Dr. Brassac commences in dysentery with four or five drachms, and rapidly increases to fifteen or eighteen drachms a day. (Bouchardat's *Annuaire*, 1867.) The idea that this drug *in any such amount* is poisonous, could only arise in the mind of one whose studies might allow him to pass a collegiate examination, but certainly do not qualify him for a physician.

Philadelphia County Medical Society.

At a recent election for officers of the Philadelphia County Medical Society, the following were chosen:

President—George Hamilton, M. D. Vice-Presidents—J. J. Levick, M. D., and D. H. Agnew, M. D. Recording Secretary—W. B. Atkinson, M. D. Assistant Recording Secretary—L. S. Bolles, M. D. Corresponding Secretary—James Cummiskey, M. D. Treasurer—A. M. Slocum, M. D. Censor—L. Turnbull, M. D.

Correspondence.

DOMESTIC.

Podophyllum, etc.

Editors of Medical and Surgical Reporter:

I am much gratified to know that many of our most successful practitioners are carefully investigating our indigenous materia medica. I am satisfied from long experience and observation, that were we thoroughly acquainted with the resources it can furnish us, we should be independent, mainly, of all foreign drugs, and could dispense with some mineral remedies, whose use is not unattended with danger. The articles which Dr. Adolphus has furnished your valuable journal are especially worthy of commendation, as showing zeal, intelligence, and a practical knowledge of the effects of the articles of which he treats. It is to be hoped that numerous other explorers in the same field, will furnish us the results of their experiments and observations.

In regard to *pollophyllum*, I can subscribe to all Dr. A. has said in regard to the effects of its *resinoid principle*, *podophyllin*, the only preparation of the article, I think, which should ever be used in practice, as it fulfils all the indications which can be met by any other form of the drug; and in *proper doses*, is never drastic, and it may be combined with many other medicines with great advantage, as Dr. A., points out. But I must be allowed to object to his *watery preparation of podophyllum*, for which he gives a formula.

The active principles of this article reside in *two resins*, one soluble in alcohol, and insoluble in ether; the other, constituting 4-5ths of the whole, soluble in both alcohol and ether. (Lewis.) Now, it is probable, as stated by Lewis, that both these principles possess purgative properties; yet Mr. Allen, and some other writers, think that these properties reside only in that resin, which is soluble in both alcohol and ether; at any rate all admit *that water is not a solvent for either resin.* Dr. Adolphus adopts the process of displacement, using simply water, and to ℥xx. of this, he adds ℥iij. *saturated tincture of cimicifuga*, of which one or two table spoonfuls are to be given three times a day. This Dr. A. finds a "powerful *alterative*," doubtless. But the same effects would follow if he used the *cimicifuga* alone. I have often seen the same effects from giving the tincture of cimicifuga. Let him try a simple watery preparation of podophyllum, and give us the results. In experimenting with

our indigenous plants, we must know their active principles, and their chemical relation, so that we may employ those preparations only which contain their active properties. Many of them, it is true, have not been analyzed, but the Tildens of New Lebanon, N. Y., have given us a correct analysis of the more important of them, for which the profession is under great obligations.

I am happy to hear also that their eminent chemist, Professor Dussauce, is now engaged in the analysis of many of the others, whose use is becoming general. As the active principles of all of them are soluble in *proof spirit*, we should either use the *tinctures*, the *resinoid extracts*, the *pure resins*, or the *fluid extracts*, prepared, according to the Tildens' improved methods, *i. e., in vacuo, at a low temperature, by steam; using proof spirit as the menstruum.* There is no need of the American practitioner practising pharmacy, he has no time for it; it is a *specialty*, requiring great experience; and suitable apparatus, often expensive, and we have preparations of all our indigenous remedies in use, which are perfectly reliable.

These remarks are made in no unfriendly spirit toward Dr. Adolphus, who, I hope, will continue his valuable contributions to your Journal, and that he will be imitated in this by many successful explorers in the same field.

Medicus.

Cerebro-Spinal Meningitis.

Editors Medical and Surgical Reporter:

Will you allow me the use of your widely circulated journal, that I may prefer a request to some one or more of your numerous readers, to enlighten me a little upon the treatment of "cerebro-spinal meningitis?"

In a practice of nearly twenty years, I had never seen a case until about two or three years ago, since which time, however, the disease has become unfortunately too frequent. I have tried all sorts of treatment, have stimulated *a la* Todd and Bennett; bled, blistered, purged—as I thought the occasion demanded—given calomel, quinine, opium, separately and combined—treated others *semi-homœopathically*, with all the adjuncts of hot and cold baths, etc. etc., and with *but tolerable* success! I have read various essays from the pens of gentlemen, north and south, all of which describe the disease accurately enough, but alas! how unsuccessful has each writer been, who has met the disease in its epidemic form! Brethren, will not some one send me at once, some suggestions—if you dont want to write an essay yourself, refer me to somebody else—at least send me a prescription or two, which you have found by actual experience, to be beneficial.

I need not describe the disease, you can all read an accurate description of it in Condie's able work on children, in Ames' monograph, or in the "Diseases of the Interior Valley," of the immortal Drake. It seems to me to be the same disease described by European writers, French authors especially, emprosthotonos, opisthotonos (oftener), trismus, and tetanic symptoms occurring frequently, remission, sometimes complete intermission of the tetanic symptoms; frequent, or else a very slow pulse—delirium rare, but a peculiar idiotic expression very often seen; but in every instance there is *stiffness* of the *cervical muscles*, and the occiput rests upon the shoulders; intense pain in the head, or back, etc., etc.

Any physician who can help me will confer a favor upon P. R. Reamey, M. D.

Henry C. H., Va., Jan. 23, 1868.

The Use of Formic Acid.

Editors Medical and Surgical Reporter:

Your excellent "Compendium" came to hand. In it I find an article headed, "Administration of Chloroform by Deglutition," (page 25,) in which Dr. Cochran, of Mobile, Alabama, is inclined to trace the first practical anticipation of that great anæsthetic back to the African. May I be allowed, through the medium of your Reporter, to throw a little light upon the subject, from another portion of the globe, based upon facts and self-witnessing.

In the "Pharmacopœia Württembergica," there is up to this day, and has been for half a century or so back, an officinal medicine named "spiritus formicarum," extensively used in rheumatisms, both externally and internally, and its efficacy and the medical properties of the "formicæ" are so well understood among the peasantry, that it is not an unusual occurrence, up to this day, to see rheumatic persons alongside of a "nidus formicarum," placing a stick therein, and when such is well covered with that peculiar acid secretion of its inhabitants, to lick it. This more civilized mode of obtaining the medical property of the ant, is therefore upon the same principle of that of the "African." Now the question may be put, "Has the African obtained his idea from the European, or the European from the African?" if either should be entitled to the claim of the first practical anticipation of the great anæsthetic. Then, again, when the African eats the ant in toto, and the European its acid secretion only, is not the medical efficacy

due primarily to its neutralizing any rheumatic alkaline poison, not regarding any anæsthetic agency?

Ferdinand Lessing,
A. A. Surg. U. S. A.

Norfolk, Va., Feb. 6, 1868.

Carbolic Acid.

Editors Medical and Surgical Reporter:

In the Reporter of Dec. 28th, which has just been sent me by a friend, I find a brief notice of carbolic acid, as used in connection with iodine. I think it a valuable compound, and would add my testimony in favor of it, and of carbolic acid used alone in some simple menstruum.

I first used carbolic acid in 1859, while treating a severe case of diphtheria, and have since used it freely in malignant and scarlet fever, diphtheria, putrid sore throat, etc., with unvarying success, always finding it prompt and reliable in its action. In such cases I generally use it as a gargle, giving tinct. ferri chloridi at the same time, in from twelve to twenty drop doses. In very young children, I use the carbolic acid as a wash, applying it with a swab. I usually write for

℞.	Acidi carbolici,	gtt. xxv.
	Acidi acetici,	f.℥ss.
	Glycerine,	f.℥ij.
	Aquæ dest.,	f.℥vj. M.

I think very highly of it also, as an external application to sloughing wounds, and in all cases where there is a tendency to putrescence or phagedenic ulceration, and in the treatment of indolent ulcers.

I have not used it much internally, but from what I have seen of its effects in a few cases, I think it a valuable remedy in obstinate vomiting, chronic bronchitis, and some forms of neuralgia. I have also prescribed it in the early stages of phthisis, with good effects, but have found it valueless in the last stages. It will check vomiting in almost all cases, except in the last stages of phthisis, but there even hydrocyanic acid will almost always fail. "G."

Boston, Mass.

News and Miscellany.

Cash Basis.

We clip the following advertisement from the Pine Bluff, Ark., *Despatch:*

We the undersigned physicians of the City of Pine Bluff, in consideration of the pecuniarily depressed condition of the community and country at large, and our individual necessities, are *compelled* to adopt a Cash basis for practice in future:

Therefore, we agree to reduce our charges to the following rates if paid when the services are rendered; if not, the charges shall be as heretofore:

Ordinary Office Prescription -	$1.00
Visit - - day - - - -	2.00
" - - night - -	4.00

Visit to the country $1 per mile, day, and $2 at night.

Ordinary Obstetric cases - - -	20.00
Consultation - - - - - -	10.00
Detention per hour, day - - -	2.00
" " night - -	3.00

No visit made to the country for less than five dollars.

T. G. Gillespie, A. L. Breysacher,
T. Sidney Harris, Jas. M. Holcombe,
R. Brunson, D. S. Mills,
J. C. Treadwell.

Quackery.

A bill for the prevention of Quackery has been introduced into the Senate of the New York Legislature. It provides for the appointment, by the Governor of the State, of a board of medical censors, to consist of a censor of physiology, surgery, anatomy, chemistry, *materia medica*, and obstetrics, each censor to have a salary of $2,000 per annum, and to continue in office for six years. Every State medical society to be allowed to keep in nomination before the Governor seven doctors of medicine, from whom he shall select censors. All medical students who pass an examination before all the censors to be given a diploma by the secretary of state denominating them as "physicians and surgeons," but those who fail to do so will not be recognized as doctors. Failing, however, only before the censors of surgery, a certificate acknowledging them as physicians will be given. Students of *any* university, school or college of the State are entitled to the certificates after having gone through with the examinations. All questions put to candidates to be in print or handwriting, and no candidate to be examined upon therapeutics. No one will be allowed to set himself up as a doctor who has not the State diploma. A New York exchange, speaking of the subject, says: "The law was designed, we understand, at a conference of allopathic and homœopathic physicians in New York city. Such a law every respectable physician will desire, and every community ought to be ambitious for it, for it will protect them against the worst and most insidious class of swindlers." We sincerely

trust that this law will pass and receive the endorsement of the Governor. The legislatures of Pennsylvania, New Jersey, Delaware, and other States, would do well to adopt a similar act. The country is filled with *quacks*, and it is time that they be put down.—*Newspaper Exchange.*

An Infant Poisoned by Godfrey's Cordial.

A Cincinnati paper reports a case of poisoning by the use of Godfrey's Cordial. A mother, to quiet a restless child, had, during two months from its birth, used eight bottles of this drug! The verdict of a coroner's jury was, "death from an overdose of an opiate, injudiciously administered, without medical advice."

On the Use of Soluble Saccharate of Iron.

Dr. Fleischer, Dresden, has added another to the already exceedingly numerous pharmaceutical preparations of iron. It is said to be a chemical combination of sesquioxide of iron and sugar, and quite a number of recent German publications recommend it very highly. It is recommended as the most easily borne chalybeate, even by the weakest stomach, especially adapted to delicate persons and children on account of its very pleasant taste. It is sold in capsules (prepared by Jordan & Timäns, of Dresden), of two kinds, one of which contains 1-15 the other $\frac{1}{8}$ of a grain of metallic iron. The dose for children is three to six of the first kind, or one to three of the second, daily. For adults six to eight of the second kind, daily. According to the examination of Hager, (Pharmaceutische Centralhalle, No. 21, 1867) eight capsules of the strongest kind, *i. e.*, containing one grain metallic iron correspond to 5 1-7 grains of lactate of iron; six grains of the citrate; four grains of the dry mallate; $4\frac{3}{4}$ grs. of the ferro-tartr. of potash; three drachms of the tinct. ferri. pom.; or, 16-17 gr. tinct. ferri acetici. These are the most favorite preparations of iron used in Germany, although most of them are not employed in this country at all, or but very rarely.

CHANGES IN THE NAVY.

List of changes, etc., in the Medical Corps of the Navy, for the week ending February 8, 1868:

Passed Assistant Surgeon Thomas N. Penrose, detached from the U. S. Ship Wachusett, and await orders.

Passed Assistant Surgeon D. McMurtrie, detached from the U. S. Ship Wampanoag, and await orders.

Past Assistant Surgeon J. W. Coles, ordered to Naval Academy, Annapolis, Md.

Assistant Surgeon Jos. G. Ayres, detached from Naval Academy, and ordered to U. S. Ship Wampanoag.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

Hull—James.—Jan. 16, 1868, by Rev. H. C. Fouke, Dr. John Hull and Miss Nancy James, all of Noble county, Ohio.

Poole—La Plante.—At the residence of S. P. Farrington, Esq., Chicago, Jan. 29, by Rev. Brainard Kent, Isaac Poole, M. D., of Evanston, Ill., and Priscille La Plante, of that city.

Radcliffe—Riley.—In Georgetown, D. C., Jan. 29th, 1868, at the residence of the bride's father, by Rev. O. Perinchief, of St. John's Parish, Dr. S. J. Radcliffe, of Washington, D. C., and Florence C., daughter of Dr Joshua Riley, of Georgetown.

Terry—Deming.—In Cornish, N. H., Jan. 23d, at the residence of the bride's father, Norman A. Deming, by Rev. D. P. Deming, Dr. Orman Terry, of Bethel, Vt., and Miss Jennie L. Deming.

DIED.

Buchanan.—In this city Feb. 6th, Rebecca S. Buchanan, daughter of the late Dr. George Buchanan, of Baltimore, Md.

Pease.—In New York, at the residence of the Rev. L. M. Pease, Feb. 6, Philo C. Pease, M. D., aged 32 years and 3 months.

Peck.—In West Concord, Vt., Jan. 25, Mrs. Hannah M. Bailey, wife of J. H. Peck, M. D., aged 23 years, 3 months, and 23 days.

Taylor.—On the 6th ult., at Fort Wadsworth, Dacota Territory, Dr. Lewis Taylor, Surgeon U. S. A., son of George W. Taylor, of this city.

Walker—At Chicago, Jan. 27, 1868, Agnes, youngest daughter of Dr. J. B. and Mary Louisa Walker, aged 17 months and 2 days.

Ward.—In New York, Feb. 5, of inflammation of the lungs, John M. Ward, infant son of John A. Ward, M.D., aged 2 years and 4 months.

Wild.—In Terre Haute, Ind., Jan. 28th, Dr. D. M. Wild, in his 36th year.

OBITUARY.

Dr. Jacob Gilliams.

Dr, Gilliams, who died in this city on the evening of Tuesday, February 4th, aged 85, was a native of Philadelphia, and was in practice until about twelve years ago. He stood very high in his profession, to the study and duties of which he was devoted. Few men were so popular—few so much deserved the friendship and regard which he so long succeeded in meriting and attaining. He was a proficient in the natural sciences, and more particularly in ornithology. This brought him into intimate association with Thomas Say, Alexander Wilson, William Bartram, Prince Charles Lucien Bonaparte, John Speakman, Dr. Rushenberger, Nicholas S. Parmantier, Dr. Troost, J. J. Audubon, John Cassin, and others.

Dr. Rushenberger, U. S. N., says of him, "This gentleman, though the practice of his profession did not permit him to cultivate extensively any branch of natural science, was ever ready to aid and facilitate its votaries." He was the intimate associate and friend of Charles Lucien Bonaparte, the ornithologist, and in connection with him and a few others, established, in the year 1816, the Maclurian Lyceum in this city. This institution was but short lived; but the Academy of Natural Science, which he assisted in establishing, has attained an eminence as world-renowned as its founders clearly perceived and prognosticated. The first period of the history of the Academy extends from the founda-

tion, Aug. 1, 1815, to its establishment at the hall built at the expense of Dr. Gilliams, in Gilliams' Court, Arch street.

ANSWERS TO CORRESPONDENTS.

Dr. A. G. L., of Md.—The priced catalogue for 1868 has not yet been issued. The Compendium was sent. The subscriber pays the postage.

"*A Sufferer,*"—You tell us that you are a victim to the habit of self-abuse, and inquire about the so-called Howard Association of this city. It is a scandalous trap to take in the ignorant and unwary, and consists of one professed quack, whose only knowledge is how to fleece the unfortunate of their money. We advise you to take a half drachm of bromide of potassium every evening, and to work at hard manual labor during the day.

Dr. W. W., of Pa.—Stillé's Therapeutics will not be ready before March.

Dr. M. E., of O.—The first volume of Dunglison's Practice can be picked up occasionally, second hand, for about a dollar and a-half.

Dr. S. L. D., of Pa.—We believe there is nothing very recent of any great importance on the treatment of puerperal peritonitis.

Dr. S. W. C., of Tenn.—You inquire whether the laryngoscope is really useful to a country practitioner. We are almost inclined to answer in the negative. It requires a degree of manual dexterity, conveniences of illumination, and special study of the parts, which, so far as our observation has extended, render it a useless appliance in the practice of most physicians. To be sure, any one *can* learn to use it; but, as a matter of fact, very few *do*.

METEOROLOGY.

January.	27,	28,	29,	30,	31.	F. 1,	2,
Wind	N. E.	N. E.	N. E.	N. W	N. W.	N. W.	S. W.
Weather	Snow.	Snow.	Snow. 6 in.	Clear.	Clear.	Clear.	Cl'dy.
Depth Rain.			4-10				
Thermometer.							
Minimum	25°	17°	17°	10°	12°	9°	7°
At 8, A. M.	35	24	27	19	19	11	17
At 12, M.	37	27	32	21	25	28	29
At 3, P. M.	34	27	33	22	27	29	30
Mean	32.75	23.75	27.25	18.	20.75	19.25	20.75
Barometer.							
At 12, M.	30.	30.1	30.	30.3	30.6	30.8	30.3

Germantown, Pa. B. J. Leedom.

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The Philadelphia Summer School of Medicine will begin its fourth term on March 1st, 1868, and students may enjoy its privileges without cessation until October.

The Regular Course of *Examinations* and *Lectures* will be given during April, May, June, and September.

FEE, $50.

OFFICE STUDENTS will be received at any period of the year; they will be admitted to the Summer School and to the Winter Examinations, and Clinical Instruction will be provided for them at the Pennsylvania, Philadelphia, Episcopal, and Children's Hospitals. They will be given special instruction in the Microscope, in Practical Anatomy, in Percussion and Auscultation, in Practical Obstetrics and Pathology. They will be enabled to examine persons with diseases of the Heart and Lungs, to attend Women in Confinement, and to make Microscopical and Chemical Examinations of the Urine. The Class Rooms, with the cabinet of Materia Medica, Bones, Bandages, Manikins, Illustrations, Text-Books, Microscope, Chemical Reagents, etc., will be constantly open for study.

WINTER COURSE OF EXAMINATIONS will begin with the lectures in the University of Pennsylvania in October, and will continue till the close of the session.

SURGICAL DISEASES OF WOMEN. A Course of Lectures will be delivered by H. Lenox Hodge, M.D., on Displacements and Flexions of the Uterus; Inflammation of the Uterus; Polypi; Fibrous Tumors and Cancer of the Uterus; Inflammation of the Ovaries; Tumors of the Ovaries; Ovarian Dropsy; Sterility; Vesico-Vaginal and Recto-Vaginal Fistulæ.

PERCUSSION AND AUSCULTATION in Diseases of the Lungs and Heart, will be taught by James H. Hutchinson, M.D., by Lectures, and by the Clinical Examination of Patients.

The Society of the Medical Institute meets once every month, and essays are read and medical subjects discussed by students.

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THE

MEDICAL AND SURGICAL REPORTER.

No. 573] PHILADELPHIA, FEB. 22, 1868. [Vol. XVIII.—No. 8.

Original Department.

Lectures.

A LECTURE ON ERYSIPELAS.

By A. P. Dutcher, M.D.,

Late Professor of the Principles and Practice of Medicine in Charity Hospital Medical College, Cleveland, Ohio.

The disease which we contemplate this morning is Erysipelas. It is a common disorder, prevailing sporadically and epidemically, and occurs at all periods of life. Its essential feature is an inflammation of the skin depending upon blood poisoning, and is characterized by a deep-red color of the part affected, which is painful, hot, and somewhat swollen. All parts of the body may be attacked by it, but it occurs more frequently upon the face and limbs: it may, though very rarely, occupy the whole cutaneous surface. I have never met with general cutaneous erysipelas, only in the infants of women who have perished with malignant puerperal fever. In this case it always proves fatal. Commencing upon the scrotum or umbilical region, it rapidly spreads over the entire body, proving fatal in a very few hours.

Systematic medical writers have described three forms of this disorder:

1st. Erysipelas simplex.

2d. Erysipelas phlegmonodes.

3d. Erysipelas maligna.

We will notice,

I. The Local and General Phenomena of Erysipelas Simplex.

This form of the disease is the most common, and is readily distinguished by a vivid blush or redness of the skin, disappearing momentarily on pressure, having a sharp, well defined border, slightly elevated, while in a few cases the redness fades into the surrounding healthy tissues.

In most instances, the inflammation is very liable to spread over a large extent of surface, producing a slight elevation of the cuticle, on account of the congestion of the capillaries of the mucous coat. In some cases the swelling is augmented, especially if the vascular coat be highly inflamed, and depends more upon an effusion of serum beneath the skin than upon its thickened condition. Sometimes the skin is smooth, very red, and shining, while in other cases the whole inflamed surface is covered with a crop of vesicles of considerable size, which soon burst and discharge their serous accumulations.

The redness and swelling continue three or four days on the part where they first appear, then speedily decline, but the disease may have advanced to some other part, and particularly is this the case if the head and face be implicated, which pass through the same stages of increment and decline. But in this form of the disorder, it is the acute character of the inflammation, the seat and extent of the surface involved, and its metastatic disposition, which contribute to its intensity and importance. The pain accompanying this form of the disease is usually mild, but has a smarting or scalding character.

The constitutional symptoms of this form of the disease are mild or severe, according to the extent of the local lesion. Hence in very mild cases, the constitutional derangement, such as chills, headache, pain in the back and extremities, will not be severe. While in others of a more aggravated type, they will be more marked, and attended by a frequent pulse and sore-throat.

Simple erysipelas always terminates in resolution about the tenth day, when desquamation of the cuticle commences, leaving the skin for some days afterward hypertrophied and discolored.

II. Phenomena of Erysipelas Phlegmonodes.

In this form of erysipelas there is not only inflammation of the cutaneous surface, but also of the subcutaneous areolar tissue, and, consequently, both the local and constitutional symptoms are more severe and of longer duration. The invasion is the same as in the simple form of the disease; but there is always more bilious derangement, nausea, vomiting, headache, and sometimes slight delirium, with high fever of a persistent character, and occasionally the patient is stupid or perfectly comatose.

Erysipelas phlegmonodes commonly attacks the body and limbs. It is upon these parts, especially the lower extremities, that it exhibits its most characteristic features. The skin is usually of a dusky or purple color, and the finger leaves a pale depression, which sluggishly disappears when the pressure is removed. The swelling is sometimes considerable, and has a distinct, smooth, and elastic feel. The patient experiences a burning heat and a disagreeable pricking in the parts, rather than any acute pain; sometimes he complains of a very troublesome itching. The surface of the parts affected is, in the first stage, shining, and appears to the eye semi-transparent; but without hardness, tension, or any sensation of throbbing.

On the fourth or fifth day after the commencement of the swelling, there is an eruption of vesicles upon the diseased surface, filled with serum. They commonly burst or subside on the sixth or seventh day; the fluid is discharged, not unfrequently excoriating the neighboring parts. If the disease does not now pass on to suppuration, the fever begins to abate, the vesications dry up, and at the end of nine or twelve days, the cuticle peels off, and the scabs situated in places which were occupied by the vesications fall off, and the part is restored to its normal condition.

But erysipelas phlegmonodes does not commonly terminate thus happily. Its general tendency is to suppuration, especially when it occurs in the limbs. In this case the serum is effused through the areolar cutaneous tissues, pus is soon formed, and infiltrates the parts without any distinct boundary. Then, again, it is occasionally effused in circumscribed patches, forming distinct abscesses, which contain large sloughs of areolar tissue, pus, and waxy[?] serum. The cutaneous structure over a large abscess of this kind, being deprived of its vascular supply, becomes livid and loses its vitality, when large ulcers are formed. Indeed, in some instances of this form of the disease, the suppurating and sloughing process is so great that the entire areolo cutaneous structure of one or both limbs have been destroyed by it. When such lesions occur, the vital powers soon give way, and the patient falls a victim to the disease.

III. Phenomena of Erysipelas Maligna.

This is one of the most appalling diseases that the physician can encounter. When it prevails epidemically, no malady can surpass it in mortality. When it attacks an individual, it is always suddenly, and his sufferings are intense. At first the fever may be violent, but it soon assumes a typhoid character; the countenance of the patient is wild and haggard, the tongue dry and brown, the teeth covered with dark sordes, the pulse very frequent and threadlike, great restlessness, subsultus tendinum, diarrhœa, and in fatal cases copious perspiration, jaundice, and coma.

In some cases of malignant erysipelas, the skin, although greatly distended with vast effusions in the cellular tissue, or extensive suppuration which takes place in the deep structures, is often very little diseased. The intense pain and suffering of the patient in a measure subside after suppuration has taken place; and the system soon manifests symptoms of great prostration. This form of the disease never terminates in resolution. The parts attacked by it are always killed, and if the patient recovers, must be cast off by the process of sloughing. This is a tedious process, and where the inflammation has extended over a large surface, and penetrated to deep structures, as it sometimes does in the limbs, it leaves an unsightly scar, and not unfrequently seriously injures the use of the limb by the destruction of the connecting cellular tissue, and the agglutination of its muscles and tendons.

There is another form of erysipelas that is known by the name of TRAUMATIC. It has its origin in some local injury. The local phenomena very much resemble the phlegmonous form of the disease, presenting, however, more effusion into the areolo-cutaneous tissue. The inflammation is also more diffused, spreading rapidly from the wound, and rarely becoming circumscribed. The parts affected, too, are more apt to become gangrenous, a not uncommon result in individuals of feeble vital powers. How nearly allied hospital gangrene is to this form of erysipelas, I will not pretend to say. Some practitioners suppose that they are identical.

IV. The Nature of Erysipelas.

The essential nature of this disease has never been clearly defined by medical writers. It was supposed for a long time to depend entirely upon the local inflammation in the parts affected. But recent investigation has proved that it is something more than a local disease—a constitutional malady, depending upon a specific morbid agent taken into the blood, being analogous to the poison that produces measles and scarlatina. The positive nature of this poison is not known, but it is supposed to be specific, because it always manifests itself by the same phenomena, whether prevailing sporadically or epidemically. Another circumstance, pointing to its specific character, is found in the fact that it can be communicated from one person to another, providing the individual attending on the patient has some abrasion of the cuticle, or some opening by which the poisonous matter may be introduced into the system.

Some pathologists, however, deny any specific poison in the case. They maintain that the disease is the result of a species of fungi of the cryptogramic order, which by some means yet unaccounted for, is deposited in the tissues of the skin, and there produces all the local and general phenomena of the malady. Reasoning from analogy, there is at least a rational probability that this view of the origin of the disorder may be something more than a mere conjecture. In the human system, in some of the inferior creatures, and even in vegetables, fungi of the cryptogramic order have frequently been found to be the immediate cause of their destruction.

This has been abundantly proved by the recent developments of the microscope. Take for example, those white patches on the lining membrane of the mouth of children which are known as *thrush*. This disease is sometimes very inflammatory in its character, producing phenomena of a local kind that resemble erysipelas, particularly when large vesicles are formed. These patches are produced by the sporules of a fungi, which, when they have attained their full growth, form microscopic objects of surpassing beauty.

The silk-worm blight, which has proved so destructive in Italy and France during the past few years, has been found to consist in the growth of a vegetable fungus in the interior of their bodies. The vine fungi, the potatoe and corn fungi, and all the various vegetable as well as animal parasites, may all be regarded as examples, indeed the connecting link in the chain of causes which may lead to a great and vast variety of morbid actions in the human system. But our knowledge is yet too imperfect of those minute creatures that inhabit the air we breathe, the food we eat, and the water we drink, to say, with any degree of certainty, what influence they may have in producing the disease now under consideration. Time and patient investigation will develope the truth.

In studying the nature of erysipelas, we should remember that it is not exclusively a skin disease; it is liable to attack nearly every solid tissue of the body. Indeed, we have often seen cases where we had reason to believe that the affection had been communicated from the skin to the mucous membrane of the mouth, the throat, and thus to the stomach or larynx, and *vice versa*. It is also maintained by some, that erysipelas may attack primarily the serous sacs of the body, such as the pleura, pericardium, and peritoneum, and there execute its fearful mutations without ever manifesting itself in the dermal structures. And this leads me, just here, to introduce one of the most interesting subjects in the whole range of medical science:

V. The Identity and Communicability of Erysipelas and Puerperal Fever.

Their general phenomena and local lesions are so similar in character, that I cannot see how any careful investigator can fail to discover their identity. That they are both produced by the same organic poison, I most firmly believe. I know this view of the nature of these two diseases is most stoutly denied by some of our best medical authorities. But their objections, so far as I can understand them, are based more upon theoretical than practical grounds. Indeed, speculation has run wild upon the subject, and the most fanciful theories have been adopted, to the exclusion of positive facts and their legitimate deductions. Thus thousands of lives have been sacrificed to the erroneous modes of practice that have been based upon them.

That erysipelas and puerperal fever are similar in nature, seems evident from the following facts:

1st. They frequently prevail in the same locality simultaneously.

2d. They may be communicated from one individual to another.

3d. They will reproduce each other.

From observation we know that these diseases may prevail as concomitant epidemics, beginning at the same time, or nearly so, keeping pace with each other, and terminating simultaneously. We also know that a physician attending upon a case of erysipelas requiring surgical treatment, and at the same time engaged in obstetrical practice, may communicate puerperal fever to his parturient patients, and the puerperal patient may communicate erysipelas to her medical attendant or nurse.

We might cite a vast number of cases to substantiate the propositions that we have assumed. But they are now becoming too generally acknowledged by the profession to render this necessary. We, however, occasionally meet with a practitioner whom it is exceedingly difficult to convince, that there is any identity or communicability between them. I am acquainted with one physician who ruined a splendid practice by continuing his vocation as an accoucheur, after his person had become infected with the germ of this poison. Twelve women and their infants fell victims to his obstinacy and reckless disregard of the advice of several eminent members of the profession. The starting point of his misfortune was a case of malignant erysipelas. The infection derived from that patient was the means of producing puerperal fever in all the women whom he attended in labor, and general cutaneous erysipelas in their infants. This was evident from the fact that not a case occurred in the place after he ceased to attend parturient patients, and not a single case occurred in the practice of other accoucheurs who attended patients in the same vicinity, and even in the same house.

But some of you may be ready to ask, Why it is that a woman exposed to the poison of erysipelas, will not become infected by it until parturition takes place? The answer to this question may be stated thus: The immediate cause of the malady being a morbid poison introduced into the blood, there are some states or conditions of the circulatory fluid more susceptible of spreading the poison than others. During the process of parturition, blood is lost from the system, strong muscular action is brought in play, accompanied of course with the breaking down and disintegration of the materials of the muscular structures, the uterus is wearing itself out, and its dead tissues are thrown into the blood, and there become the nidus for the development of the poison, which may be lying dormant in the system for some time previously to the inception of the disease. Then there is also a greediness of absorption about her tissues; the epithelium having been removed from the mucous membrane of the vagina, the surrounding parts being relaxed, allowing the poison to exert an influence greater than under other circumstances.

Before concluding my remarks under this head, I would add, that for several years, I have been strongly impressed with the conviction that the morbific poison which produces erysipelas and puerperal fever, is the same agent that causes those distressing and fatal consequences, which sometimes follow dissecting wounds. Some have supposed that all these

disorders were produced by pyæmia; but I am very loth to believe, that the simple introduction of healthy pus into the blood, will cause such distressing effects; for it has been clearly shown by the experiments of Professor DALTON of New York, and H. LEE of London, that pure pus may be injected into the veins of animals, without producing any injurious effects. Before it can do any damage, there must be a morbid element added to it. Hence writers on pathology speak of *physiological pus* and *pathological pus*. Physiological pus they say, possesses a species of vitality like blood, while pathological pus is a dead excrementitious product, susceptible in the highest degree of undergoing putrefaction. It is the mixing of the latter with the blood, that produces the phenomena we call pyæmia; a term that should be banished from our pathological nomenclature. The term PYO SEPT-AEMIA would be more in keeping with the nature of the malady.

VI. The Diagnosis and Prognosis of Erysipelas.

The diagnosis of this disease is by no means difficult. There are, however, several diseases with which it may be confounded; such as erythema, phlebitis, some of the eruptive fevers, and synovitis. From erythema it may be distinguished by the attendant constitutional symptoms, the smoothness of the tumefied surface, the great degree of swelling, and the burning pain and tension. It differs from phlebitis in the absence of the cord-like feel which the inflamed vein presents, and in the inflammation not spreading in a line over the track of the large vessels. From the eruptive fevers, it is distinguished by the uniform redness which the inflamed surface exhibits, and the absence of the characteristic rash of any of those specific disorders. It differs from synovitis in the inflammation not being confined to, or taking its origin from the integuments covering the synovial membrane. In synovitis the joint cannot be moved without inflicting the most intense pain; in erysipelas this is not the case, unless the joint subsequently becomes involved in the disease, which is not common. And I should not here neglect to state that it is maintained by some medical writers, that a simple inflammation of the synovial membrane caused by injury, may terminate in erysipelas. This I regard about as possible as small-pox terminating in scarlatina. A simple synovitis can never terminate in erysipelas, unless the blood has been previously poisoned by the morbid agent that produces it. If the blood is in a right or normal state, there can never be such a disorder as traumatic erysipelas. Let the blood once be infected with this poison, and observation teaches us that the slightest injuries will take on erysipelatous action, and produce the most fatal consequences. We have seen fearful exhibitions of this in the wards of large hospitals, where the ravages of the disease have been so great among the surgical patients, that they have been closed in consequence.

The PROGNOSIS of simple erysipelas is always favorable. Its general duration is about ten or twelve days. In the second form of the disease, our prognosis should always be guarded. If the patient is old and intemperate; if the disease is situated on the head or throat, and there is coma and dyspnœa, and the disease has terminated in extensive suppuration, and no abatement in the more pressing symptoms by the seventh day, the disease will, without doubt, prove fatal. I have seen patients succumb to erysipelas where the external disease was very limited and mild in its character. I remember one case in particular that occurred in my practice several years ago. The patient was a young woman, aged 18. She had been ill for five days with a mild form of the disease, confined to the head and face. Her symptoms all appeared hopeful, and I promised a speedy convalescence. On the evening of that day, she was suddenly seized with a severe pain in the cardiac region; this was attended with alarming dyspnœa, irregular pulse, tumultuous action of the heart, attended with loud blowing sounds, hiccough, and cold extremities. In twenty-four hours she was dead. Although post-mortem was not allowed, it was quite evident the disease had been communicated to the endro-cardium, and perhaps the pericardium. When such an extension of the inflammatory action occurs, the disease always

proves fatal. So also when it attacks the mucous membrane of the larynx; I have read of instances of recovery, but never saw one. The malignant form of erysipelas is, as we have already remarked, one of the most fatal diseases that ever attacks the human body. It is true, patients do not always die with it, yet it is so mortal that our prognosis is always unfavorable.

The CAUSES which favor an attack of erysipelas are numerous, but for brevity they may all be classed under three heads:

1st. Intemperance in eating and drinking, the excessive use of tobacco, either in smoking or chewing; confinement in foul air, sexual excesses and such other habits as rapidly exhaust the nervous system.

2d. The disease may be endemical, that is, may be produced by certain states of the atmosphere at large, affecting several people in the same district simultaneously.

3d. It may be propagated by contagion, or as already stated by infection; by means of emanations from patients affected with it. We do not, however, regard it as contagious as small pox or measles; but to a limited extent the malignant form of the disease may be communicated from one individual to another; and not unfrequently the physician, in this way, become a medium of disease and death to his confiding patients.

VII. The Medical Management of Simple Erysipelas.

The indications for medical treatment of every form of this disease are constitutional and local. You need not trouble yourself very much about local measures, for your experience will soon teach you that these are of secondary importance. Direct your therapeutical skill chiefly to all the great eliminating organs of the body; the liver, bowels, kidneys, and skin, should be aroused to increased activity, that all morbid materials may be speedily expelled from the system.

In the simple form of the disease, where these organs are torpid, especially when the skin is hot and dry, the urine scanty, and bowels costive, nothing will so thoroughly arouse them to activity as an emetic of tartarized antimony and ipecac., administered according to the folloiwng formula:

℞. Antimonii et potassæ tartras, gr. vii.
Ext. ipecacuanhæ, fluid., f.℥i. M.
Sig. A teaspoonful every thirty minutes until vomiting is produced.

If the emetic should fail to move the bowels, a wine glass full of the following may be given every three hours until the end is accomplished.

℞. Magnesiæ sulphas,
Sodæ sulphas, āā ℥j.
Aqua menth. pip., f.℥vii. M.

If the fever should still prove persistent, nitre, liquor ammoniæ acetatis, and tincture of digitalis, should be administered liberally, until free diaphoresis is induced. After this, if the eliminating organs are all in good working order, a restorative hæmatic should be prescribed. None appears to answer a better purpose than the muriated tincture of iron; indeed, it has received the universal sanction of the profession, as the principal remedy in this disease. Twenty or thirty drops may be given, in a wine glassful of cold water, every three or four hours.

The best local application for all mild cases of erysipelas, is the following:

℞. Bismuthi subnitras, ℥iij.
Glycerina, f.℥ij. M.
Sig. Apply to the parts affected every three hours by means of a brush.

In more aggravated cases, when the heat is great and the pain severe, I have for years been in the habit of using a solution of the muriate of ammonia thus:

℞ Ammoniæ hydrochloras, ℥j.
Aquæ font., Oij. M.

Thin cloths kept constantly saturated with this applied to the affected part, and frequently changed, has a very soothing effect. It relieves the burning pain, and prevents the extension of the disease. In the other forms of erysipelas it is not so useful as some other agents that will presently be named.

VIII. The Medical Management of Erysipelas Phlegmonodes.

In this form of erysipelas there is not only inflammation of the cutaneous surface, but also of the subcutaneous areolar tissue, and as a consequence, both the local and constitutional symptoms are more severe—hence the treatment must be more prompt and energetic.

The plan which we have commonly pursued in managing erysipelas phlegmonodes, is illustrated in the following case:

Mrs. ——, a stout healthy person, of the nervo-sanguinous temperament, aged 30. At the time of my first visit, she had a high fever, severe headache, tongue thickly coated, costive bowels, nausea, urine scanty and high colored; pain in the back and extremities; pulse full, frequent and strong. She complained of pain in the right ear, which was very much swollen, as well as the entire side of the face, head, and neck. The parts were of a deep dusky purple color, and the swelling tense and hard, accompanied with a severe burning pain. The mucous membrane of the throat was red and highly injected; she complained of its being very sore, and was constantly annoyed with the expectoration of glairy mucus. Is very thirsty and has slept none for the last thirty-six hours. Her disease was attributed to a long ride in an open buggy, against an intensely cold north wind three days before.

The diagnosis was erysipelas, and the treatment determined upon was antiphlogistic. The patient was therefore bled to the amount of sixteen ounces, and one of the following powders was ordered every four hours, and the inflamed parts were painted with the tincture of iodine:

℞ Hydrargyri chloridi mitis, gr. xii.
Pulv. ipecacuanhæ, gr. vi.
Potassæ nitras, ʒj. M.
Ft. in chart. No. vi.

The next day I found my patient much better. Her bowels had been freely moved; pulse soft and not so frequent; skin not so hot and dry; the swelling on the face not so tense and hard; urine is still high colored and scanty; has slept some during the morning; still complains of pain in the head and neck. Continued the iodine painting, and ordered one of the following every three hours:

℞ Hydrargyi chloridi mitis, gr. vi.
Pulvis antimonialis, gr. xii.
Pulvis ipecacuanhæ comp., gr. xxv. M.
Ft. in chart. No. xii.

This treatment was continued for thirty-six hours, when the inflammation appeared to be arrested, and the following was prescribed:

℞ Potassæ chloras, ℥ss.
Tinct. ferri chloridi, f.℥ss.
Aquæ font., f.℥viij. M.
Sig. A tablespoonful every six hours.

This prescription was continued for five days, when the patient was convalescent.

It is only in the early stage of erysipelas phlegmonodes that antiphlogistic measures are demanded. Blood-letting is an extreme measure, and should be employed with caution. I have occasionally treated cases of this form of the disease without it; but in strong and healthy subjects, it may be employed with great advantage. The chief end to be attained in the treatment of areolo-cutaneous erysipelas, is to prevent suppuration. And this can only be accomplished by the prompt use of antiphlogistics in the first stage of the disease. It is of no use for J. Hughes Bennet and all the medical heretics in the world, to tell me that inflammation cannot be arrested in its first stage, (congestion), by the timely and judicious use of antiphlogistics; such as bleeding, calomel, antimony, and nitre. They may just as well tell me that quinia will not cure ague—to reject which would be to deny the evidence of my own senses, and the united testimony of medical men the world over. Indeed, I have no sympathy or patience with those practitioners who boast that they have thrown away their lancets. They only display their ignorance or prejudice against one of the most valuable instrumentalities, that the Almighty has ever ordained for the cure of acute inflammation.

IX. The Medical Management of Erysipelas Maligna.

Various plans of treatment have been proposed for the cure of this form of the malady, but none of them have proved very satisfactory. Most practitioners advocate the supporting plan. They administer internally, iron, quinia, ammonia, camphor, oil of valerian, turpentine, and alcoholic stimulants in large doses, and use externally permanganate of potash, bromine, charcoal, and chlorine.

In a few cases of this disease, which have manifested a somewhat malignant or septical type, I have recently used the hyposulphite of soda with the most gratifying results. In one case in particular, I was quite surprised at its

effects. The patient was a man aged 40. nervo-sanguinous temperament, and very intemperate in the use of alcoholic stimulants. The disease had attacked both hands and arms, extending almost to the shoulders. I was called to see him on the fourth day of his illness. At the time of my visit he was quite delirious, pulse 110 per minute; respiration hurried; skin hot and dry; bowels relaxed; urine scanty and high colored; tongue thickly coated; throat dark red, and tonsils very much swollen. The hands and arms were enormously swollen, tense and hard. On both arms there were several large vesications, with a few patches which assumed a decided gangrenous character.

The patient was ordered three grains of quinia every four hours, and a teaspoonful of the following every two hours:

℞. Sodæ hyposulphite, ℥j.
Ext. glycyrrhiza, gr. xvj.
Aquæ font., f.℥iij. M.

As a local application, an ounce of the hyposulphite of soda was dissolved in a quart of water, and applied to the affected part by means of lint, over which oil-silk was covered to prevent evaporation. Beef essence was allowed ad libitum, and free ventilation was strictly enjoined.

At the expiration of twenty-four hours, there was a marked improvement in all his symptoms. The quinia and hyposulphite were continued at longer intervals, and in ten days from the commencement of my attendance, the patient was convalescent.

The hyposulphite of soda is a most efficient antiseptic, and is destined to occupy a high place on our list of therapeutics for all diseases originating in organic blood poisoning. In pyoseptæmia it stands without a rival. This has been fully demonstrated by the trials that have been made with it in the Charity Hospital of this city, by Prof. W. J. Scott. We have not space to report any of the Professor's cases, as they were presented to the members of the Cleveland Academy of Medicine. They were, however, of a highly interesting character, inspiring us with a reasonable hope that we have at last discovered a more efficient agent with which to combat this most fatal malady.

Communications.

By Geo. H. Napheys, M. D.,
Of Philadelphia.

SECONDARY HEMORRHAGE ON THE ELEVENTH DAY AFTER PARTURITION.

Mrs. F., æt. 35, a German woman of relaxed habit, the mother of six children, was taken in labor on the 29th of December last, the second time within fifteen months. A midwife was in attendance. The labor was a natural one and of short duration. She remained in bed for nine days after delivery. On the tenth day she sat up for about two hours, and on the following day, the eleventh after parturition, she was up from noon until four o'clock in the afternoon, when she was greatly alarmed by the sudden occurrence of a profuse hemorrhage. A large extent of the carpet and a number of cloths were saturated with blood, and several large coagula were passed.

When I arrived, I found her in bed, and the hemorrhage still continuing. A vaginal examination revealed a patulous and flaccid condition of the os, which was sufficiently dilated to admit of the ready entrance of three fingers. A teaspoonful of fluid extract of ergot was administered and repeated in half an hour, and at intervals during the night. Cold water injections were thrown up the bowel. Under the influence of this treatment and recumbency, nearly all oozing had ceased the next morning, and the mouth of the womb was more contracted and firm. The cold water enemata were continued, strict recumbency enjoined, and tincture of nux vomica ordered. There was no return of the hemorrhage, and a digital examination on the fifth day after its appearance showed the os uteri to be firmly closed.

This occurrence of secondary hemorrhage on the eleventh day after parturition was, judging from the condition of the uterine neck, due to a want of tone, as there was no evidence of there being any retention of a portion of the placenta or membranes.

Bedford states that secondary hemorrhage

may occur at any time after childbirth, from two hours to two or three weeks, and that it is caused either by a retention of a part of the membranes or placenta, or of a coagulum of blood; by a partial inertia of the uterus; or in plethoric women, by congestion of that organ. Cazeaux assigns to it the same causation. Neither Ramsbotham nor Montgomery refers to it. Mad Boivin and Mad. La Chapelle record cases of bleeding coming on eight and ten days after delivery, in consequence of the presence of coagula in the uterus.

A point of some interest in this case is the fact that no bandage was applied after the labor. It is certainly a question whether a properly made and well adjusted bandage would not have induced tonic uterine contraction, and thus averted the hemorrhage. Probably some of the readers of the Medical and Surgical Reporter can furnish other instances of secondary hemorrhage following the non-application of a bandage as a *post vel propter hoc.*

Medical Societies.

NEW YORK ACADEMY OF MEDICINE.

Stated Meeting, Dec. 4th, 1867.

Dr. Alfred C. Post, *President, in the Chair.*

On Blood-letting.

Dr. Post, by previous arrangement, opened the discussion upon the subject of blood-letting. After attending to the antiquity of the practice—it having been in vogue among the Egyptians, Assyrians, and other nations, and resorted to by Polydorus soon after the siege of Troy, endorsed by Hippocrates, and its rank as a remedial agent all through the period of Roman civilization,—he remarked as follows:

Notwithstanding its loss of reputation, partly caused by the abuse of its power, he contended that venesection was a remedy of great value, and in many cases it was indispensable; in other words, that it shortened the period of disease, and increased the prospect of cure.

Its effect upon the circulation was well marked, as evidenced by a decrease in the frequency of the pulse, a lowering of the animal heat, and a diminution in the volume of the artery. To use a conventional phrase, "the pulse rises," it becomes fuller, and the patient very often feels immediate relief. The effect of opening a vein is beautifully illustrated in peritoneal inflammation, for here the pulse being "*small*," an increase in force is more readily detected.

In acute inflammation, and in active determination of blood to important organs, the blood-letting plan of treatment was of substantial value. It relieved local pain. Among the other effects, the Doctor alluded to free and copious perspiration, a tendency to syncope, nausea, emesis, and sometimes convulsions.

It may be judiciously employed from infancy to old age, although in the first mentioned stage of life, its application, perhaps for no very cogent reasons, was limited to the use of leeches. In advanced age great caution is required, but for the benefit of the over-timid, he cited two recorded cases. One that of a man aged eighty-seven, bled twice in one day; another aged eighty, bled nine times for pneumonia. These in proof that even under this adverse condition, it was not so destructive to life after all.

The case of the late Dr. Cheesman, (who died in 1862, aged seventy-five years,) as related by Dr. Alonzo Clark, was also to be remembered in this connection, since he was evidently benefited by a copious bleeding.

Dr. Post then related several cases to fortify his position, one or two of which are here given.

A woman æt. 40, small and slender, with a pulse of inconsiderable force, but not remarkably compressible, being seized with a severe cephalalgia, referable to the frontal region, sent for him. He administered the usual remedies, revulsives, cathartics, etc., but without effect. The patient then suggested bleeding, which Dr. P. had not before entertained, owing to its apparent contra-indication. Her solicitation was backed by the assurance that previous bleedings in similar attacks had always afforded relief. The loss of something over a pint of blood from her arm verified her statement. He was subsequently called at long intervals, and bled the patient each time with the same result. After several years also, he was summoned at night to her bedside; she was in a state of stupor, had a wild look, was unable to speak, but significantly pointed to her elbow. A full bleeding brought relief, and since then she has enjoyed comparative immunity from attack.

Case 2. A young clergyman, in the course of a platform speech, reeled and fell. Having a flushed face, full pulse, and great confusion of mind, he was bled, with marked and complete relief.

Dr. Post, in concluding his remarks, cited the case of strangulated hernia at the New York Hospital, upon which he had called the usual consultation of his colleagues, preliminary to an operation. In the interim, however, he directed the hard, tender, and tense tumor to be covered with leeches, when spontaneous reduction took place. He also referred to the benefits of the local abstraction of blood by leeches in the case of pneumonia in the very young subject, and in pneumonia generally, when no depressing influence is at work.

Dr. Anderson referred to the change in professional opinion regarding this matter, which would be more obvious by contrasting a period twenty-five years ago with the present time. He remembered having read the work of Dr. Armstrong on fevers, in which venesection was much praised, and it had occurred to him that following up the bleeding, with anodynes, would be eminently philosophical. While of this way of thinking, a gentleman, "a full and hearty liver," sent for him. The patient had great respiratory oppression, but no pneumonia; bleeding at once relieved him. In the case of Dr. Cheesman it would be proper to note, that more blood was lost than was originally intended, since the slipping of the bandage allowed the bed to become quite well ensanguined before the discovery was made.

Remarks were made by Drs. Woodhull, Foster, and Garrish.

Dr. Van Buren said, at the beginning of his professional career it was thought impossible to initiate the treatment of pleurisy without a resort to blood-letting. In such cases the respiration did certainly become quite free. He also alluded to the benefit accruing from venesection in two cases of puerperal convulsions, before the days of chloroform.

Dr. Wooster gave in his testimony regarding the application of leeches between the shoulder blades,—especially in the case of young children suffering from pneumonia of a grave type. He was in every sense well pleased with the result.

Dr. Sayre was cognizant of a case where leeches were applied between the shoulders, and the child died in consequence. This had made a strong impression on him. Oiled silk jackets, poultices, etc., he regarded as much safer, and more serviceable.

Cases requiring prompt bleeding he regarded as quite rare. He did not wish to be understood as saying they never occurred, since he had himself carried a lancet in his vest pocket for fifteen years, and had used it three times.

The change in our modes of treatment were due, he remarked, not to popular prejudice, but to the increased information of medical men. The starvation and the lancet plan had gone out of date; all were beginning to believe more in good food and good air.

Dr. Woodhull would hesitate to bleed, except in cases of sudden apoplexy.

Dr. Richards, after a few remarks by Dr. Van Buren concerning a change of type in disease, asked whether it might not be a change of opinion, and for the purpose of giving the junior members of the Academy an opportunity of expressing their views, he moved that the discussion be resumed at the first opportunity.

The motion prevailed, and the Academy adjourned.

Stated Meeting, Feb. 5th, 1868. Dr. Alfred C. Post, President, in the Chair. After the usual routine, business was transacted.

Dr. D. B. St. John Boosa read a paper upon *Congenital Deaf Mutism*. A short discussion ensued, when the President declared the continuation of the discussion on blood-letting to be in order.

Blood-letting.

Dr. O'Sullivan made the following remarks on the therapeutic effects of blood-letting.

Mr. President: The discussion on blood-letting, and the information elicited on that subject at a former meeting of the Academy, has been one of the most interesting and instructive to me as one of the Junior Fellows. The earliest lessons which I have learned in the study of medicine, have been intimately connected with the ideas prevailing at the time as regards blood-letting, and which governed the practice some years since.

When I commenced practice, I determined with all the zeal of a young practitioner, to test the merits of blood-letting thoroughly. In the neighborhood where I have resided for the past eleven years, there are several large founderies and machine shops, where hundreds of stalwart men are constantly employed. Here was a wide field for investigation, and so determined was I to give the subject a fair trial, that for several years I never went without a lancet in my pocket. I, however, began to perceive very soon that among this class of patients, who were apparently well able to stand depletion, I had to alter my views materially, and finally to abandon almost entirely the use of the lancet, especially in diseases affecting the respiratory organs. Now, sir, whether this is owing to the fact that

this class of patients reside in ill-ventilated and crowded apartments, or that in their daily avocations they are constantly breathing a vitiated and poisoned atmosphere, or else to climatic reasons, I am not at present prepared to say. The fact however remains, that a certain degree of enervation exists among this class of patients, and that we must be very careful how we deplete them. In acute diseases of children I have never pursued the practice. I can say with a clear conscience, that I have never even applied a single leech, but on the contrary, endeavored to sustain my little patients from the beginning, in every possible way, locally; the oil silk jacket and poultices sufficiently fulfil the indications for depletion.

In this connection I will briefly mention the history of an interesting case which occurred in my practice some eight years ago, and which I think strongly sustains my views on the subject.

In January, 1860, I received a telegram urgently calling me to Baltimore, to see a relative, who was a student at the theological seminary in that city. I left immediately by the Night Express train, arriving at 5, A. M. I at once proceeded to the seminary, and found the patient in a very debilitated condition, in the second stage of pneumonia; and, as I was informed by the nurse, and later by the medical attendant, that he had had no sleep for three days and nights. It was evident to me at a single glance, that if sleep was not speedily procured, delirium must ensue, and with necessarily a fatal result. I was further informed by both the physician and nurse, that at the onset of the disease the patient had been bled very freely (a large basin full of blood being taken from him) and that considerable debility had followed the venesection, and from which he had but imperfectly rallied when I saw him. The state of affairs can be readily imagined, when it is known that the patient was a mere anæmic youth of nineteen years of age; of course, I need hardly say that the antiphlogistic regimen was also pursued. On auscultation, I found he had a very extensive pneumonia, involving both the lower and middle lobes of the lung, there had been applied extensive counter-irritation on the obsolete theory of its furthering resolution, a mode of treatment which the best clinical observers of the day have so fully refuted. In relating particulars, the attending physician expressed his surprise, that notwithstanding he had administered large doses of opium in a concentrated form, no sleep had been procured, and that in his opinion the case was very serious, and an immediate fatal result was highly probable. He asked my views of the case, and what I would suggest in the present emergency. I said I very much regretted the treatment he had pursued in the earlier stages of the disease, that in so young and weak a patient, instead of depletion, sustaining treatment of a decided character should have been pursued from the very beginning, that had such a course been adopted, the solidification would not be so extensive, nor the debility be so extreme. I suggested at once the most heroic sustaining treatment; beef-tea, tonics, stimulants, etc. Being then unacquainted with any of the profession in Baltimore, I telegraphed to a distinguished Fellow of this Academy, who kindly sent me the names of some prominent physicians in Baltimore, with one of whom an immediate consultation was had, and who fully endorsed my views of the treatment of the case; and on the first night on a few grains of Dover's powder the patient enjoyed three hours of most refreshing sleep, resting as placidly as an infant. I, with the nurse, watched him the whole night. Now for the sequel: the pneumonia was cured, but the patient was lost, as he died of phthisis some six months later. The deduction I have drawn is, that the immediate and predisposing cause of the fatal result in this case, is attributable to the excessive depletion on the one hand, and defective nutrition on the other. I would mention further, that the young man inherited no predisposition to the disease of which he died—his relatives on both sides were not tainted with the disease, many of them living to an extreme old age. During the collegiate course of the patient in New York city, he was under my constant supervision, and was never to my knowledge sick for a single day.

No further remarks having been offered, the meeting adjourned.

On the Mechanism of Labor.

Dr. Apiegelberg (*Mon. für Geb.*) contends that the *transverse* position of the head at the brim of the pelvis is more frequent than the oblique. In 700 normal cases observed, he found 570 heads in the transverse diameter; in an oblique diameter only 130 heads. The child's back lies to one side of the mother; the head with its sagittal suture in the longest or transverse diameter of the pelvis. If the transverse diameter of the uterus and of the brim are parallel, the sagittal suture enters transversely; if the transverse diameter of the uterus lies in an oblique diameter of the pelvis, the head will enter the brim in this direction. The uterus, in

addition to its common inclination to one side (Dubois), is sometimes twisted a little on its axis in the direction of its inclination. In whatever direction the head enters the pelvis, in that will it be driven into the cavity; and it will only make its rotation on its vertical axis in the lower half of the pelvis.

Editorial Department.

Periscope.

THEN AND NOW:

A Discourse Introductory to the Course of Lectures in the Jefferson Medical College of Philadelphia, by S. D. Gross, M. D., Oct. 14, 1867.

(Published by Request of many Subscribers.)

[Concluded from p. 152.]

Among the singular delusions which have crept into medicine during the present century, and which have served to confound the judgment even of many educated and otherwise enlightened men, it will suffice to enumerate homœopathy, Thomsonianism—better known as "Lobelia and No. 6"—hydropathy, the grape and whey cure, isopathy, electropathy, clairvoyance, Baunscheitismus, negropathy, and other sects too numerous and absurd to be mentioned. The fate of some of these is already sealed, and the downfall of some of the others it is easy to foresee. No system that is not founded upon common sense can long withstand the scrutiny of the public, however greedily it may seize upon any novelty that promises relief from pain and suffering.

The establishment of colleges for the education of female physicians is another feature peculiar to the present age. Whether such institutions are really needed, I leave to others to decide. My own opinion has always been that medicine is not an appropriate sphere for woman, unless she confine her attention solely to the practice of obstetrics, in which she might, doubtless, often be of great service. There must necessarily be a vast amount of ordinary business for which females are wholly unfitted by education and habit, not less than by their natural sense of delicacy and refinement.

Asiatic cholera was not known in this country until 1832. Since that time it has made several visitations, and in some districts literally decimated the population. To the catalogue of maladies, already sufficiently extensive at the period adverted to, have been added Bright's disease, diphtheria, pyæmia, osteo-myelitis, leucocythæmia, pelvic cellulitis, and pelvic hematocele, trichiniasis, uræmia, aphasia, Addison's disease, locomotor ataxy, and cerebro-spinal meningitis, the latter of which is probably simply the "spotted fever," which prevailed so extensively in the early part of the present century in New England, and which has been so graphically described by Gallup, and by Miner and Tully.

Forty years ago there were few American physicians, even in some of the larger towns, who did not, when occasion required, extract teeth, using generally for this purpose the pullikin instead of the forceps now so universally employed. In 1820 the number of practicing dentists in the United States was only 30; in 1850 it had increased to 3000, and at present it is fully 5000. Dental colleges, supplied with all the means and appliances for the delivery of efficient courses of instruction, exist in various parts of the continent, and America may justly claim the proud pre-eminence of having the best educated and most scientific dentists in the world.

Great improvements has been effected in the construction of surgical instruments, apparatus, and appliances. Our pocket and operating cases possess a degree of neatness and compactness unknown in former times, while the delicacy and finish of many of the instruments are in striking contrast with the awkward and clumsy character which distinguished them a third of a century ago. For these important changes the profession is mainly indebted to Messrs. Charrière, of Paris, and Weiss, of London, two manufacturers of unrivalled excellence in their day, whose pupils are to be found in all parts of the civilized world. As beautiful and perfect instruments are now made in Philadelphia, New York, and Boston, as in any of the great cities of Europe.

Medical colleges have multiplied in a ratio altogether disproportionate to the wants and requirements of the country. If the number now in existence were reduced to one-fourth, no one can doubt that it would be a great gain to the interests of the profession and of humanity. Many of these institutions are, from their unfavorable situation, destitute of anatomical and clinical facilities, upon which so much stress is justly placed in a course of medical education. Even the best and most favored schools are far from what they ought to be as great seminaries of medical science. Hardly any change in the curriculum of instruction has occurred in any of them since my entrance into the profession. The number and character of the chairs, the length of

the session, the period of study, and the preliminary education of the student are, in most of the colleges, the same as formerly. The principal improvement has been in the addition of clinical teaching, rendered indispensably necessary by the demands of the age. It will be a proud and happy day for medicine and humanity when the principal medical institutions of the United States, adopting the suggestions offered by the recent medical teachers' convention at Cincinnati shall be placed upon the same footing in regard to the amount and character of their instruction, and the requirements of their pupils. The only difficulty now in the way is the want of concert of action, which, however, will no doubt eventually—probably at no distant day—be brought about.

The improvement in medical literature has kept strict pace with the improvement of medical science. I can speak here only of what has taken place in our own country. Thirty-five years ago, American medical literature was not only very meagre, but it could hardly be said to have had an existence. We had not yet answered the sneering remark of Sidney Smith: "In the four quarters of the globe, who reads an American book, or goes to an American play, or looks at an American picture or statue? What does the world yet owe to American physicians and surgeons?" If the celebrated Edinburgh Reviewer—who paid one of our countrymen, Daniel Webster, the high compliment of saying that he was a steam-engine in trousers—could rise from the dead, and walk into our bookstores and into our academies of fine arts, he would, if he could divest himself of prejudice, behold books, pictures, and statues, the production of American genius, many of which would do honor to any country. The works of Rush, Wistar, Dorsey, Coxe, Thacher, Chapman, Beck, Dewees, Gibson, Hare, and Eberle, constituted the chief bulk of our native authors at the period in question. The college text-books were, for the most part, foreign works, many of them edited, with notes and emendations, or notes and additions, as the phrase then went, by American physicians, usually teachers in medical schools; for, unless the editor occupied some distinguished position, no publisher was likely to undertake the reprint, as there was a great risk of failure. In a word, a responsible endorser was necessary. Now and then, a translation of a French or German work by an American appeared. I, myself, performed some labor of this kind early in my professional life, and there are still living among us a number of distinguished men who busied themselves in a similar manner, rendering thus, at a period when it was much needed, an important service to the profession.

The native works which now grace the libraries of our physicians, and which have contributed so much to exalt the character of the medical literature of this country, have been of later growth. Commencing with the "Human Physiology" of Professor Dunglison, a treatise of vast labor and ability, issued in 1830, and worthy, in point of erudition, systematic arrangement, and elegance of diction, to rank with the immortal "Elementa Physiologiæ Corporis Humani" of Haller, published two-thirds of a century earlier, there followed in succession, though by no means rapidly, the works of Silliman the elder, Bigelow, Horner, Hosack, Wood, Paine, Dickson, Pancoast, N. R. Smith, Morton, Meigs, Bell, Gerhard, Draper, Drake, Condie, La Roche, Henry H. Smith, Bedford, Hamilton, Stillé, Hodge, the two Flints, Dalton, Richardson, Bumstead, Leidy, Maxson, Da Costa, Wormly, Warren, with many others which my limits will not permit me even to enumerat . Many of these works are productions of the highest order of excellence. The treatise on the Practice of Medicine, by Dr. Wood, formerly Professor of Medicine in the University of Pennsylvania, has been not only largely circulated at home, but used extensively as a text-book in some of the British schools; the Elements of Medical Jurisprudence of Dr. Beck, repeatedly reprinted in England, as well as translated into the German language, is one of the most erudite and elaborate works that have ever appeared upon the subject; and the medical dictionary of Professor Dunglison is without a rival in any country, as the offspring of a single individual. These works, while they shed imperishable lustre upon the American nation, have made foreigners familiar with our ability as observers, our acuteness as diagnosticians, and our skill as practitioners, and have procured for us a distinguished rank as scientific and literary men. Foreign medical works, although many are still republished, as, indeed, they ought to be, have almost ceased to appear with that curious caudal appendage, the name of an American editor; and comparatively few of them are now employed as text-books in our medical colleges.

Our periodical literature is not only highly respectable, but it compares most favorably with that of Europe; less solid than that of Great Britain, but quite equal, in the aggregate, to that of France, Belgium, Germany, and Italy. The stately quarterly, the "American Journal of

the Medical Sciences," edited by Dr. Hays, of this city, is unquestionably the ablest work of the kind in the world. As critics, we are inferior to the English, if not also to the writers of continental Europe, but the time is not distant when we shall redeem ourselves in this respect; for what, it may be asked, is there that the American mind cannot accomplish if it sets about it?

I have, thus far, in accordance with the design of this discourse, spoken of matters and things in general—of the glorious progress and present condition of our profession as an art and a science; let me now, in conclusion, offer a few words personal to youselves.

It would be absurd in me to ask, what has brought you here? The place in which we are assembled is a sufficient answer. The object is to prosecute your studies under new auspices; to avail yourselves of new means and opportunities for extending and perfecting the knowledge you have brought with you. Many of you never were in a medical college before, never performed a dissection, never witnessed a chemical experiment, never saw a great surgical operation, never even listened to a medical lecture. You suddenly enter, as it were, upon a new life. Hitherto your studies were carried on under serious difficulties. The office of a private physician, with here and there an exception, offers few facilities for the acquisition of a knowledge of a science so vast and so diversified in its character as that of medicine. In a well-conducted course of lectures, more may be learned in a single month than in three years, as ordinarily spent, in private reading; for there are a thousand things in anatomy, chemistry, materia medica, surgery, midwifery, and medicine, which can be taught only by an appeal to demonstration, such as no private teacher can supply. In the new life into which you now pass, the professor reads and thinks for you; your business is to listen, to see, to receive, to digest; in a word, to be crammed with knowledge.

To morrow, bright and early, you will buckle on your armor of industry; throw your knapsack across your shoulders, and begin your work right earnestly, like men detrmined to surmount obstacles, clear away rubbish, and fulfil their great mission, as honest, diligent students. The road will, at first, be somewhat difficult; there will be frequent need of the spade and the pickaxe; but your progress will gradually become more and more easy, and thus, step by step, with patience and perseverance, you will steadily mount up higher and higher along the steep hill of Science, until, at length standing upon its lofty summit, you may calmly and leisurely survey the majestic scenery around and beneath you, and take a longer breath in the consciousness of having done your duty. We too—I mean your teachers—men who, like yourselves, once sat upon hard, backless benches, in quest of knowledge—we too will be students; we will accompany you in all your journeyings; point out, with lamp in hand, your way; assist in removing obstacles; encourage you by our presence; and thus, workers and laborers together, share your toils and pleasures.

The studies of the medical pupil are of a most singularly diversified character, far more so than those of any other profession; and hence, unless they are systematically pursued, his progress, despite the best endeavors of his teachers, will be painfully slow and difficult. You must, therefore, spare no effort to make a fair beginning. With this end in view, I would earnestly advise you, before you come here in the morning, to clear out the bins of your brains. If you will carefully examine this organ, you will find that it is composed of many compartments, with a wonderful faculty of accommodation. These compartments, I shall, for the sake of illustration, denominate bins, of which one should be exclusively devoted to anatomy and physiology; another to chemistry and materia medica; a third to midwifery; a fourth to medicine; one to surgery; and, lastly, another to miscellaneous matters, picked up here and there in your walks to and from the College, and in your intercourse with your friends and acquaintances. Unless your studies are conducted upon some such plan as this, in the most orderly and systematic manner, you will have the mortification to find, at the close of the session, that you have made no substantial progress, and that, what little knowledge you have attained, is practically of no avail. Keep your bins, then, clean and separate, not mixing and jumbling up their contents, so that, when you wish to get at them, you will be obliged to toil and dig anew.

Although it will be the duty of each of my colleagues to inform you of the best method of studying his own particular department, yet I cannot refrain from referring, in general terms, to the subjects which should more especially engage your attention during the first session of your attendance.

Anatomy is justly regarded as the corner-stone of the grand edifice of medicine. To it, therefore, you should devote much close study—not learning from books, but from nature—tracing

out, with scalpel in hand, every important structure, and thus thoroughly photographing it upon the mind, so that, to use an Irish bull, with your eyes shut, you may see it as clearly as if it were reflected from the surface of a broad mirror. In carrying on your dissections, you will often be ready to exclaim with Galen, pausing in the midst of an autopsy, "It is not a lecture on anatomy I am delivering, it is a hymn in honor of the Creator!"

Chemistry, one of the elementary branches, can only, as your able professor himself will inform you, be learned in the laboratory, just as anatomy can only be learned in the dissecting-room or operative surgery upon the cadaver; but you will, nevertheless, find a great deal of nice picking in a well conducted course of lectures, such as you will be sure to obtain in this school. You will be daily reminded, in the presence of my excellent colleague, of the story of the Englishman, who, looking with surprise and disgust at a Scotchman eating a singed sheep's head, was asked what he thought of that dish? "Dish, sir; do yo call that a dish?" "Dish, or no dish," rejoined the Caledonian, "there is a deal o' fine confused feedin' aboot it, let me tell you." While chemistry is the most abstruse and difficult of studies, it is at the same time the most sublime and captivating, one which is better calculated to establish a closer relation between man and his Creator, than perhaps any other, inasmuch as it associates him more intimately with the various works of His hands. To give you an idea of the importance of a knowledge of this science in the practice of medicine, it is only necessary to point to the examination of the animal fluids, as the blood, urine, and semen; the analysis of poisons, in cases of suspected crime; and the avoidance of incompatibles in the daily prescriptions of the physician.

In studying materia medica, you will learn how greatly our science is indebted to the vegetable and mineral kingdoms for the supply of our remedial agents. Flora, which ravishes the senses with the beauty and variety of her products, and scents the air with the fragrance of her blossoms, furnishes man with the bark for the cure of fever, opium for the relief of pain, aconite and veratrum viride for the subduction of arterial excitement, and the juice of the grape for the support of the system when exhausted by disease and injury. The earth supplies him with alkalies and acids; the sea with chlorine, iodine, and bromine; the air with oxygen and electricity.

Under the guidance of your able teacher, you will learn what estimate to place upon the more important articles of the materia medica, how to combine and prescribe medicines to the greatest advantage, and how to prepare food and drink for the sick. You will find, as you proceed in your studies, what a vast amount of farrago underlies this department of medical science, and how much need there is of winnowing the wheat from the chaff.

Of the fifteen hundred articles to be found in what are called well-regulated drug stores in this city, hardly three hundred, as I was recently informed by a highly intelligent apothecary, are ever employed. The rest lie idle in their bottles and drawers. From thirty-five to fifty is probably the highest number prescribed from one year's end to the other, by physicians of the largest practice.

Midwifery holds out every incentive that can rouse the energies, or excite the ambition of the student. Woman, the noblest work of God, and her tender offspring, are the objects with which this department of medical science busies itself. Your professor will conduct you over a course of study of the most delightful and absorbing interest. He will unfold to you the secrets of conception, describe the sufferings incident to the pregnant state, and initiate you into the mysteries of the lying-in-chamber, pointing out the various presentations, the mechanism of labor, the use and abuse of instruments, and the proper method of carrying his sacred charge safely through her trials and difficulties. In studying this vast subject, so replete in objects of the dearest interest to the human race and the welfare of society, you will not be troubled with any doctrines of a change of type. The process of conception and the nature of parturition are the same they were forty years ago. Here, at all events, there has been no improvement. Good Old Dame Nature permits no encroachments upon her prerogatives.

Medicine and surgery are so closely allied, so intimately interwoven, that they constantly trench the one upon the other. They are, in fact, one and indivisible, recognizing the same pathology, the same treatment. You may be good physicians without being good surgeons; but you cannot be good surgeons unless you are good physicians. The teachers who preside over these two departments will spare no pains to qualify you for the arduous and responsible duties of practitioners, the great aim and object of all your studies and inquiries. Clinical instruction will constitute a special object of attention. Every opportunity will be seized to illus-

trate the principles enunciated in the didactic course. The subject of diagnosis will claim more than ordinary consideration. The object will be to teach you how to observe at the bedside, how to investigate cases, how to connect symptoms with pathological changes, how to form a correct prognosis, and, finally, how to prescribe with judgment and advantage for the sick. The clinics of this Institution have long been distinguished for the great extent and variety of their material, and you cannot fail, if you be at all attentive, to be greatly benefited by them.

I have said nothing here of the study of physiology, hygiene, and medical jurisprudence. Your acquaintance with anatomy, chemistry, and the practice of medicine, will furnish you a ready key to these interesting and seductive branches of medical science.

Thus, gentlemen, you see what is before you. Work steadily, arduously, systematically, but work also rationally, as it respects your health and comfort. We hear much of the midnight lamp. Upon this point you need not be particularly ambitious. As a general rule, the midnight lamp is a very bad lamp, emitting a lurid light and foul vapors, prejudicial to sight and health; not at all promotive of advancement in know ledge and wisdom. Sleep is essential to health and comfort, and I perfectly agree with Sancho Panza that it was a blessed invention. The Sabbath, too, was a great invention; a great blessing alike to man and animal. Thank God for it, and see that you spend it wisely; partly at church, partly in wood and field, in wholesome exercise, and in the contemplation of Nature, partly in writing to the dear ones at home. Be strong in your resolve to withstand temptation. Do not disregard the admonitions of parental affection and friendship. The last words of a fond and doting mother, whispered into your ears, as she sobbingly pressed your hand, and imprinted her last kiss, were, "My son, shun the ways of the evil-doer, and neglect not the church and your Bible!" Cities are sink-holes of iniquity; vice and temptation meet one everywhere, often in their most alluring forms, alike in the retired alley and in the most crowded thoroughfare; and happy, thrice happy, is he who can successfully resist their blandishments. You need not be anchorites; youth is the season of hilarity and gayety; a certain amount of relaxation and amusement is indispensable to a student. "All work and no play make Jack a dull boy." A mind that is constantly exercised is like a tool that is never ground, or a bow that is incessantly bent. It is blunted by labor, and, if it be not occasionally unstrung, becomes unfit for the discharge of its multifarious functions. A sound, hearty, wholesome laugh is medicine for the soul, and is one of the peculiar prerogatives of our nature. A student who never rests, is like a camel that lies down at night under his weary burden.

Use of Chloride of Zinc in Surgical Operations.

Dr. Nerdurgau, of Middlesex Hospital, advises an application of a solution of this salt to wounds, especially where pyæmia, etc., is found; under the supposition that it can modify the inflammatory process to such an extent as to prevent those affections arising from the decomposition of animal matter.

In the *Leavenworth, Kansas Med. Herald*, Sept, 1867, Dr. Will E. Turner, of Leavenworth City, reports a case where he was obliged to amputate at the superior third of the femur, and, fearing erysipelas would occur, he applied to the surface of the wound a solution of chloride of zinc, grs. xxiv. dissolved in an ounce of water. The part to which it was used, became at once white or creamy-looking, from the effects of the astringent. The surfaces of the wound were brought together, sustained by appropriate sutures, and water dressings applied. Everything progressed favorably until the twelfth day, when secondary hemorrhage took place from a branch of the profunda artery. So insidious was its commencement, that it bled sufficiently to run through three woolen blankets, a straw mattress, and made quite a pool on the floor, before it was discovered. A tourniquet was tightened, and temporarily arrested the bleeding until an application of ferri persulph. completed it.

From the commencement of the case, Dr. Turner had anticipated a long and severe drain upon the system from suppuration, and gave him quin. sulph., ℈ij., tinct. ferri chlo., f.℥vj., spts. vini gallici, f.℥iv., a teaspoonful to be given every three hours during the day.

In thirty-five days after the operation, the wound had entirely united, and through the whole process of healing, but a slight amount of inflammation has occurred, and less than an ordinary amount of suppuration, while he has had but comparatively little pain, lessened, the writer thinks, from the small amount of inflammation, and the fact of the escharotic effect being felt no further than the mere point of contact.

—— Chloroform in Otalgia. Dr. C. C. Shoyer, of Leavenworth, Kansas, relieves earache almost immediately by introducing about half a drachm of chloroform into the meatus externus.

Medical and Surgical Reporter.

PHILADELPHIA, FEBRUARY 22, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

THE CRIMINAL USE OF CHLOROFORM.

We clip the following extract from the police column of a Philadelphia daily paper. Others of the same character have appeared from time to time, ever since the general introduction of chloroform as an anæsthetic.

"Archibald Henselwood had a hearing before Alderman White, recently, on the charge of administering drugs to Mrs. Martha Burke, of Old Chester, with criminal intent. Mrs. Burke testified that she met the accused at the depot, Broad street and Washington avenue, one night in December last, as she was about to take the cars for home, and that she was overcome and rendered unconscious immediately upon a handkerchief being shook several times in her face; that she was afterwards removed to a house in South Tenth street, where she remained during the night, and saw Mr. Henselwood there in the morning. The accused was bound over in $3000 for his appearance at the next term of the court."

The case, we believe, has not yet been brought up before the Court of Quarter Sessions, and we feel curious to know what sort of testimony the prosecution will advance to show that any such act as that alleged, could possibly have occurred. We frankly confess to very grave doubts whether shaking a handkerchief once or several times in the face of any virtuous lady, would have such a potent effect on her nervous system that she would straightway fall insensible, submit to being carried half a dozen squares in the face of a December north wind—from the Baltimore depot to Tenth Street—and remain all night in a house of uncertain reputation, apparently still in a state of profound anæsthesia!! If such things can be, then the Lord protect our wives and daughters, for there would seem no longer any safety for the most rigid virtue.

Not long since we read a parallel story in an English newspaper. A lady and a gentleman, strangers to each other, were alone in a coupé on a railroad train. The gentleman, deep in *Punch* or *The Owl*, or some such journal, was urbane enough to offer his travelling companion some other illustrated paper to look over. The unsuspecting victim appreciated the courtesy and accepted the journal. But the moment she opened it, the fumes of the chloroform, in which its inner leaves had been steeped, overpowered her consciousness, and she awoke to discover that both her pocket and her crinoline had been invaded. Such at least was the story she had to lay before twelve enlightened and sympathizing British jurymen. What amount of damages they saw fit to award the injured female, we do not remember, but that such a charge should seriously be preferred, and pass the daily press without challenge, shows how thoroughly ignorant of common facts in medicine the reading and the writing public is.

Now we have seen chloroform administered in at least a thousand or so cases to both sexes, and we do not recall any single instance where such instantaneous effect was produced by such small quantities as must have been inhaled in the cases above cited. We confess a very pardonable scepticism about such statements. On the contrary, every anæsthetic known conquers the nervous system gradually, and in the majority of cases only after a period of more or less violent excitement; their administration demands time, and is facilitated by a willingness on the part of the patient to receive them; the vapor must not be much diluted with atmospheric air; their effect is temporary, and very rarely does unconsciousness continue longer than the fraction of an hour. How then are one or two shakes of a handherchief, the infinitesmal quantity arising from a saturated leaf, or the vapor emitted from a vial passed under the nose, to produce such sudden and wondrous effects? *Credat Judæus Apella, non ego.*

We know nothing whatever of the parties implicated in the case we have chosen for a text, nor any other particulars than those given in the extract. But we seize the opportunity to speak a word in behalf of those who are the victims of conspiracies, and especially of conspiracies led by designing women, who prefer charges of robbery or violation, asserting that they were overcome while under the influence of chloroform. This is a point of growing importance in forensic medicine, as the criminal dockets of all our great cities

testify. We entertain an opinion very adverse to the veracity of any such statement, and we believe that the profession will unanimously agree with us in so doing. The cases where complete anæsthesia supervenes in a few seconds are so rare, that we do not believe that any rogue, with wit enough to concoct such a crime, would dare to risk the almost certain failure and consequent apprehension which would ensue. That under more favorable circumstances, as in nocturnal burglaries, and in criminal assaults of various kinds during sleep, the stupefying power of anæsthetics is and often has been invoked with diabolical success, we very well know, and it is one of the "horrors" of modern life that such is the case.

What we refer to, however, are those instances where it is claimed that while awake, in good health, and in spite of opposition, a few second's inhalation of the anæsthetic vapor placed the victims at the mercy of the accused. All such are of more than questionable authenticity.

Notes and Comments.

Micro-Photography.—Prize Offered.

A correspondent, who is entirely responsible, authorizes us to offer a Prize of

FIVE HUNDRED DOLLARS,

for such improvement in Micro-Photography, as is indicated by the following description. We would call the attention of our readers to the subject, and trust that it will meet with the attention that its importance would seem to demand.

"To advance science, facilitate research, further our knowledge of diseases, at the meeting of the American Medical Association in 1869, through the award of a committee, I will tender *a Prize of Five Hundred Dollars* for an improvement on the micro-spectroscope. I am anxious to have invented and perfected *a micro-photographic apparatus*, for scientific purposes. A compound microscope, with an attachment so arranged that it will afford the investigator *a complete photographic representation*, or spectrum, of all microscopical bodies placed within the field of vision. Such an instrument would be an achievement in science; we could read direct from the type true pathology—it would be obvious to all. It would reveal many of the mysteries of nature in morbid agency. It would aid us in ætiology and histology. It would afford advantages in the study of organic and inorganic chemistry. We could observe the changes produced by a diathesis,—determine the faults in rheumatism and gout,—unveil the derangement in the various cachexiæ,—portray comprehensively anæmia, spanæmia, chloro-anæmia,—plethora,—cutaneous diseases, especially those of a parisitic origin. It would instruct us minutely in abnormal renal conditions, secretory disturbance generally, and be a means to demonstrate understandingly, from time to time, the changes that occur in the course of treatment in blood diseases by entrophic remedies. We could also mark the developments and progress of pyogenic, septic, and zymotic diseases. I want an instrument simplified, with power sufficient to print animality, from the larger animalculæ down to the minute microphite. The *micro-photographs* thus taken, could be readily magnified, if desired. The premium should be open to all competitors, at home or abroad.

"Without invidiousness, I respectfully nominate Professors JOSEPH LEIDY, University of Pennsylvania; CHRISTOPHER JOHNSTON, University of Maryland, and AUSTIN FLINT, Jr., Bellevue Hospital Medical College, N. Y., as the Committee to determine the award to the inventor of the best instrument."

Muscle Sugar.

In Aug. 1861, G. MEISSIER announced his discovery of a true sugar in muscle. Dr. J. RAUKE has reinvestigated the subject and fully confirms MEISSIER's supposition. The following propositions are considered as established: First. That there exists a true fermentable sugar in muscle. Second. That the amount of this sugar is increased by muscular action, including tetanization caused by strychnia or electricity. Third. That the liver has no effect in causing this increase; for the sugar is proved to arise in the muscle itself, and from the muscular substance.

Cubebic Acid.

The curative power of cubeba has been found to reside in cubebic acid, a crystillizable constituent, and not in the volatile oil or resins. From eight to thirty grains of this in pill, in twenty-four hours, completely cured three out of five patients in six days. In the remaining two the discharge was very much diminished, so that a few injections removed it.

ERRATA.—In Dr. W. CORSON'S article in the REPORTER of Jan. 11, on "The Bandage in Labor," page 39, 3d line from end of first paragraph, for "I will *not hurt*," read, "I will trust;" same page, 2d column, 7th line from bottom, for "*tumble* and fall," read, "crumble and fall;" 3d line from bottom, for "*type*," read, "tyro." Page 40, last line of the article, for "*bleed*," read, "bead."

Correspondence.

FOREIGN.

Letter from Paris.

Paris, Jan. 8th, 1868.

Anæsthetic Action of Iodoform.

In a recent letter, I have cited the encouraging experiments that have been made by M. Demarquay, on the anæsthetic action of iodoform. The last number of the *Bulletin de Therapeutique* contains a letter from Dr. Besnier, who contributes his testimony also to the grateful powers of this agent. He employed finely pulverized iodoform upon the surface of fresh wounds cicatrizing slowly, upon syphilitic ulcerations, especially the soft chancre, and upon the open surface of cancers. The first application was made upon a soft chancre of the gland, and upon chancres produced artificially on the thigh by inoculation. The sharp pain of these ulcers was manifestly calmed by the iodoform, and cicatrization set in with remarkable rapidity. Shortly afterward, a patient, whose breast was occupied by a vast cancerous ulcer, was treated by daily applications of the powder, and even here a process of cicatrization commenced, but the patient was subsequently lost sight of. Still a third case—this, as in the first, a soft chancre of the gland—in which cicatrization seemed obstinately delayed, was cured by application of the iodoform.

M. Besnier does not venture to draw absolute conclusions from so small a number of facts, but he believes that iodoform should certainly always be tried in the various affections of mucous membranes, especially the nasal, pharyngeal, and vaginal; in cancerous ulcerations of the uterus and other regions, and in varicose and typhoid ulcerations of the skin.

The precise mode of application is the following. The iodoform, reduced to a very fine powder, is placed on the surface of the wound, (previously well washed,) either with the fingers or with a spatula. A piece of linen dipped in glycerine is then placed over the powder so as to retain it in place. For ulcerations of the uterine neck, the application must be made by insufflation, and the powder retained by means of dry lint. Insufflation is also required for ulcers of the throat or nasal fossæ, but the dose must then, of course, be smaller, and it is well to associate some other powder, as bismuth.

Speaking of varicose ulcers reminds me of a case mentioned at the last séance of the Societé Médicale des Hôpitaux. in which the infirmity of varicose veins had been relieved in rather a singular manner. The patient, affected with hard, flexuous, voluminous varices on both legs, was admitted to the Maternity to be confined. Shortly after accouchement, grave accidents declared themselves—chills, fever, diarrhœa, prostration, and yellowish tint of the skin. The lower limbs became œdematous, and the veins extremely painful. At the same time a phlegmonous and œdematous tumefaction appeared on the dorsal face of the right hand. Soon two large abscesses opened on the internal face of the left thigh; others followed, on the right leg, the right hand, the left shoulder, in the supra-spinous fossa; finally, fifteen days after accouchement, a slight pelvic peritonitis declared itself, which speedily yielded to treatment. In proportion as the abscesses were successively opened, (twenty-two appeared at the internal face of the lower limbs in the space of a few weeks,) the œdema of the legs diminished, and when it had entirely disappeared, it was found that the varices had disappeared also. The cure remained definitive.

M. Hervieux, who reports this case, places the cause of the suppurative and obliterating phlebitis in the puerperal poisoning, which concentrated itself on the veins, instead of going elsewhere to produce a peritonitis or pleurisy. It is certain that this time, this poisoning effected the radical cure of the varicosities, an achievement that often surpasses the powers of all the resources of surgical aid.

Again, apropos of iodoform as a local anæsthetic, I must mention the successful application of ice and salt, made by M. Gosselin the other day in his clinique, for the same purpose. He was about to extirpate an incarnate nail from the great toe, a sufficiently painful operation, but hardly justifying chloroform. Thanks to Dr. Arnott, the operation was rendered almost completely painless by the previous application to the toe, during a few minutes, of a tarletan bag filled with a fine mixture of salt and ice. The benumbing was sufficient to deaden nearly all feeling.

French surgeons hail with delight any substitute for the dreaded chloroform, whose sinister aspect seems especially to be assumed in their hospitals. Or perhaps it is because all accidents are more faithfully reported and loudly commented upon than elsewhere. Two deaths have recently occurred, one in the service of M. Després at Leaurcine, the other with M. Broca at St. Antoine.

In the first case, the operation only consisted in excision of syphilitic vegetations of the vulva and vagina. The chloroform was given to satisfy the patient, who was extremely timid. The first operation performed under its influence was a complete success, but a month later, the vegetations returned, and required new excision, and chloroform was administered for the second time. A quantity was poured upon a compress, enough to make a blot of the size of a five-franc piece, and then the compress was held at the distance of three centimetres from the nose and mouth of the patient. Hardly half a minute had elapsed, when the forces of the patient began to sink. The chloroform was immediately suspended, although the pulse beat well and the respiration was good. Suddenly the face became congested, the respiration stopped, and the urine escaped involuntarily. Water was thrown into the face of the patient, the head was lowered, the tongue was drawn down. One respiration was obtained, then everything was arrested, and all subsequent efforts were futile.

At the autopsy the anatomical characters of asphyxia were presented. The patient had been nearly leucocythemic, and the heart was fatty, so that there was reason enough why neither heart nor blood were able to resist the deadening influence of chloroform.

In M. Broca's case, the operation was much more serious, involving the extirpation of a sebaceous cyst, the size of an egg, adhering to the thyroid membrane. The surgeon was able, in spite of some agitation on the part of the patient, to dissect without much difficulty the anterior and lateral face of the tumor, but at the moment that he proceeded to the deep dissection, the patient began to struggle so violently as to render the continuation of the operation impossible during several minutes. When he was somewhat calm, M. Broca recommenced, but at the first stroke of the bistoury, the patient commenced to struggle again. The operation was so nearly completed that no more chloroform was given, but with a dexterous movement the surgeon finished the dissection of the tumor.

Immediately an enormous vein, situated at the lower part of the wound, gave issue to an alarming amount of blood, and just as the surgeon was ready to seize it for ligature, the patient, still in the intoxicated stage of the chloroform anæsthesia, sprang from the table. The efforts that he made in struggling with the attendants, increased the hemorrhage, which threatened to become mortal. It was impossible to await the establishment of calm. A few whiffs of chloroform were ordered, under whose influence the patient became sufficiently quiet to permit the ligature of the vessel. Several minutes after all inhalation of chloroform had ceased, the pulse of the patient suddenly stopped, the respiration was presently arrested, and after three-quarters of an hour of unavailing efforts at resuscitation, the surgeons were obliged to acknowledge with mortification that the patient had succumbed to the influence of the anæsthetic.

The examination of the heart showed a notable thickening of the mitral valve, which, however, was not insufficient. But it was ascertained that the patient had been liable to frequent attacks of syncope, and also had alcoholic habits, which probably accounted for his excessive agitation when first submitted to the chloroform.

This same week, however, Dr., now Professor Verneuil, praises the effects of chloroform in moderating hemorrhage during operations. In the numerous cases where the surgeon is obliged to operate on the tongue, the maxilla bones, the cheeks, the lips, or in the nasal fossæ, the hemorrhage, as every one knows, is extremely abundant and embarrassing; the blood fills the mouth, and falls into the pharynx, or even the larynx. It provokes coughing or attempts at vomiting, which sometimes interrupt the operation. Moreover, it may accumulate in the stomach, and constitute a mass whose absorption is extremely fatiguing to the digestive apparatus.

As I have said, Prof. Verneuil finds that the use of chloroform tends to diminish the flow of blood and its consequences, but not sufficiently. He has devised, therefore, the expedient of blocking up, in advance, the posterior nasal fossæ, by a tampon, which prevents the escape of blood into the pharynx. He has recourse to this expedent: 1st, in operations that only interest the nasal fossæ; 2d, in those involving the walls of the mouth; 3d, in mutilations of both cavities.

An analysis is given of eleven operations assisted by the tamponment, of which the five detailed were all extirpations of tumors, involving, in one case the ala nasi, in one the pituitary glands occupying the upper and anterior portions of the left nasal fossa, in one an epithelioma of the lower eyelid that had invaded the cheek, the lateral surface of the nose, the conjunctiva, the upper eyelid, and penetrated into the orbit, the nasal fossa and the maxillary sinus; one, finally, a cancer of the upper maxilla, penetrating into the orbit, the nasal fossa, and the gingival *cul de sac*.

In all these formidable operations the tampon was of service by suppressing the internal flow

of blood and the reflex action resulting from it, by enabling the surgeon to act slowly and securely, and by rendering anæsthesia possible throughout the entire period of the operation.

M. Verneuil recommends that the tampon should always be applied, when possible, previous to the administration of chloroform.

As another contribution to practical surgery, must be mentioned a scheme detailed in the *Archives of Medicine*, upon continual traction by means of caoutchouc bands. This method has already been applied to the treatment of anchylosis, but MM. Legros and Anger propose an extension of the method for the purpose of overcoming the shortening of limbs in fractures, and rectifying the displacement of dislocated articular surfaces.

This last indication is based on the facts, 1st, that the difficulty of reduction depends upon muscular contraction; 2d, that this contractility is by nature intermittent, and consequently may be exhausted by permanent resistance. From this point of view, the effects of continual traction may be compared to those of chloroform. This last agent relaxes the muscle by suppressing the influx of nervous force, the other by exhausting its contractility.

The tension of the caoutchouc tubes required to effect this object, should, for an adult, be equivalent to a weight of fifteen kilogrammes. The mode of application is simple. The extension and counter-extension bands are disposed as usual around the dislocated limb, and attached to five or six tubes of caoutchouc. These tubes are then gradually distended until they have acquired about twice their original length, and the distension once obtained, is maintained by fixing the tubes solidly to a ring in a wall.

The apparatus thus applied, should remain in place twenty or thirty minutes. As soon as the patient confesses to a sensation of lassitude or exhaustion in the muscles of the extended limb, the surgeon seizes the opportunity and performs the reduction without difficulty. It not unfrequently happens, however, that the reduction occurs spontaneously.

The traction is not confined to the muscles. If a suitable direction is given to the extension, the ligaments and capsule also tend to regain their normal position.

For fractured limbs, the caoutchouc traction is proposed as a substitute for the extension with a weight, which is usually adopted as a preventive against shortening. Not only recent, but also fractures of some standing, are said to be amenable to this treatment.

In fractures, the traction must be much less violent than in dislocations. It is required to combat not the contractility, but the contraction and tenacity of muscles, and one or two drainage tubes are found to be sufficient for the purpose.

The duration of the treatment should be proportioned to the consolidation of the fragments. It should be sustained so long as there is sufficient mobility to permit the muscles to displace the bones.

Finally, this method is applicable to the treatment of anchylosis and of muscular contractions. For the first, it is sufficient to produce traction in the direction in which it is desirable to flex the limb. This should be wrapped in cotton; then, by means of dextrined bands, a long splint is attached, (in case of anchylosis of the knee) to the anterior part of the thigh. The splint extends beyond the joint, and forms an angle with the joint in proportion to the degree of flexion required; elastic tubes are then fastened to the extremity of the splint, and pass under the leg, protected by cotton. In torticollis the tubes are attached to a cap covering the head.

DOMESTIC.

Surgeons on Railways.

Editors Medical and Surgical Reporter:

In answer to your inquiry in regard to "Surgeons on Railroads," I will take the liberty of stating, that the "Atlantic and Great Western Railroad," is not the only railroad that has its regular appointed surgeons; I have acted as surgeon (and receive my appointment the first day of each year) for the Philadelphia and Erie Railroad for the last four years. I attend to all employees that are injured on said railroad, and in the workshops in this city, and on the road for twenty miles distance from this place, and the company pays me so much for said services. If I go further than the 20 miles, I receive extra pay, it costing the employee nothing for medical attendance. The company have several surgeons between this and Sunbury. At each station and shop, this is understood, and orders are given, that whenever an employee is injured, they must send for the company's surgeon, and unless this is done, the company will not pay the bill, unless in a case of emergency, or when the railroad physician could not be got. This arrangement only relates to injuries.

I think the arrangement on the Atlantic and Great Western is a little different, and I think better in some respects. They have their sur-

geon-in-chief, and he appoints his subordinates. All bills are referred to him. I think their chief surgeon for this portion of the road is in Meadville, his name I cannot give you at present—wil ascertain some day. There is no doubt many advantages in this railway arrangement not only to the companies, but to the employees, and will probably be put in operation on all of the principle railroads soon.

H. A. Spencer, M. D.

Erie, Pa., Feb. 11, 1868.

News and Miscellany.

CHANGES IN THE NAVY.

List of changes in the Medical Corps of the U. S. Navy, for the week ending Feb. 15, 1868:

Drs. George Otis Allen, and Wm. B. Jones, appointed Assistant Surgeons.

Acting Passed Assistant Surgeon J. J. Sowerby, detached from the U. S. Ship Wyoming, and placed on waiting orders.

[*Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.*]

MARRIED.

Rabb—Haigh.—In Madison, Ind., Feb. 3, by Rev. A. S. Reid, at the residence of the bride's father, George J. Rabb, M. D., of Osgood, Ind., and Miss Lizzie Haigh.

Wiles—Johnson.—Jan. 14th, at the residence of the bride's father, James F. Johnson, Esq., by Elder Hickman New, C. H. Wiles, M. D., and Miss Allie Johnson, both of Vernon, Jennings co., Ind.

DIED.

Beck.—Feb. 16, at No. 40 Bond street, New York, Maria, the beloved wife of Dr. Samuel T. E. Beck.

Ellis.—Feb 9, at Burlington, N. J., Elizabeth L., wife of Dr. Charles Ellis.

Esselstyn.—At Red Hook, Dutchess co., N. Y., Feb. 12, Richard Esselstyn, M. D., aged 73 years.

ANSWERS TO CORRESPONDENTS.

Dr. W. O., of O.—We can send you the Pennsylvania Hospital Reports. Price $5.00.

Dr. R. D. W., of Pa.—Pereira on Food and Diet, $1.50, would probably suit you.

METEOROLOGY.

February.	3,	4,	5,	6,	7,	8,	9.
Wind	N.	S. W.	N. E	N. W.	N. W	W.	S. W.
Weather	Clear.	Clear.	Snow 6 in.	Clear.	Clear.	Clear.	Cl'dy. Rain.
Depth Rain			6 10				1 3 10
Thermometer.							
Minimum	2°	*3°	8°	11°	8°	*4°	15°
At 8, A. M.	10	7	19	32	18	4	15
At 12, M.	12	28	28	42	23	19	36
At 3, P. M.	14	29	28	36	25	20	28
Mean	9.50	15.25	20.75	30.25	18.50	9.75	26.
Barometer.							
At 12, M.	30.7	30.5	30.2	30.7	30.3	30.6	30.

Germantown, Pa. B. J. Leedom.

* Below zero.

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D. MURRAY CHESTON, M.D.
HORACE WILLIAMS, M.D.

The Philadelphia Summer School of Medicine will begin its fourth term on March 1st, 1868, and students may enjoy its privileges without cessation until October.

The Regular Course of *Examinations* and *Lectures* will be given during April, May, June, and September.

FEE, $50.

OFFICE STUDENTS will be received at any period of the year; they will be admitted to the Summer School and to the Winter Examinations, and Clinical Instruction will be provided for them at the Pennsylvania, Philadelphia, Episcopal, and Children's Hospitals. They will be given special instruction in the Microscope, in Practical Anatomy, in Percussion and Auscultation, in Practical Obstetrics and Pathology. They will be enabled to examine persons with diseases of the Heart and Lungs, to attend Women in Confinement, and to make Microscopical and Chemical Examinations of the Urine. The Class Rooms, with the cabinet of Materia Medica, Bones, Bandages, Manikins, Illustrations, Text-Books, Microscope, Chemical Reagents, etc., will be constantly open for study.

WINTER COURSE OF EXAMINATIONS will begin with the lectures in the University of Pennsylvania in October, and will continue till the close of the session.

SURGICAL DISEASES OF WOMEN. A Course of Lectures will be delivered by H. Lenox Hodge, M. D., on Displacements and Flexions of the Uterus; Inflammation of the Uterus; Polypi; Fibrous Tumors and Cancer of the Uterus; Inflammation of the Ovaries; Tumors of the Ovaries; Ovarian Dropsy; Sterility; Vesico-Vaginal and Recto-Vaginal Fistulæ.

PERCUSSION AND AUSCULTATION in Diseases of the Lungs and Heart, will be taught by James H. Hutchinson, M. D., by Lectures, and by the Clinical Examination of Patients.

The Society of the Medical Institute meets once every month, and essays are read and medical subjects discussed by students.

Candidates for admission to the Army or Navy, and those desiring promotion to a higher grade, may obtain the use of the Class Rooms, and be furnished with private instruction.

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THE

MEDICAL AND SURGICAL REPORTER.

No. 574] PHILADELPHIA, FEB. 29, 1868. [Vol. XVIII.—No. 9.

Original Department.

Communications.

AN ESSAY ON THE

Therapeutic Value of Certain Articles of the Materia Medica of Recent Introduction.

(Read before the New York State Medical Society, February 4th, 1868, and reported for the Med. and Surg. Reporter.)

By John H. Griscom, M. D.,

Of New York City.

Sulphite of Soda.

In view of the serious responsibility imposed upon all practitioners of medicine, and actuated by the consideration of the duty belonging to each one to keep his colleagues advised of every additional item of experience that may from time to time accrue to him, I solicit the favor of a few minutes attention of this society, for the presentation of the results of an extended and successful experience with the employment of two articles of the materia medica, of comparatively recent introduction. I refer to the *sulphite salts of soda*, and to *glycerine*; the first as an *internal*, and the second as an *external* remedy; with the first named, I have, during the past two years, had a most gratifying successful experience in a large variety of disorders, finding it to afford relief in very numerous cases in which the usual articles of the materia medica, adapted to previous experience, have sometimes failed, but in which this article has failed in scarcely a single one of over three hundred instances of its administration in those cases to which, according to my theory of its modus operandi, it was specially adapted.

The chemical composition of this material is as simple as that of any other salt—its two ingredients, *sulphurous acid* and *soda*, being well known. The acid constituent, in its separate form, has been long appreciated as one of the most effective antiseptics and deodorizers when used externally. In fact, it is one of the most ancient disinfectants, having been originally employed in its gaseous form, generated by the simple combustion of sulphur. As an antiseptic, a preventer of decomposition and of fermentation, and as a sustainer of the natural composition of nearly all vegetable and animal materials, it appears as useful in the interior, as in the exterior of the organization. On this principle, its efficacy as a remedial agent is chiefly founded, but I have been led to the conclusion that it has an additional value as a promoter of digestion, in cases in which the gastric juice may be deficient in some of its acidulous ingredients.

Preliminary to the discussion of the modus operandi of this article, I ask attention to a few remarks upon the fundamental nature and character of diseases in general. Of the numerous branches of medical science, which it is the duty and the interest of its practitioners to investigate and become well acquainted with, having a bearing on treatment, there is none of more profound, complicated, and important character, than the

Etiology of Diseases.

Upon familiarity with this department of professional knowledge, depends in a large degree the capability of addressing remedial, as well as preventable measures. This subject applies not only to the *external* causes of disturbance of the physiological functions, but likewise to internal sources, in other words, to the pathological conditions provocative of the symptoms indicative of deranged action.

Every practitioner of experience is familiar with the existence of a great number of disorders whose remote origin, and true pathological character, are difficult of comprehension, although their general characteristics and

tendencies are well understood, as derived from repeated observations.

The mechanical organization and arrangements of the numerous and complicated structures which compose the animal body, and the physical operations by which the functions of the various organs are carried on, are as well understood by the anatomist and physiologist, as are those of the steam engine, or any other apparatus, by the mechanic and engineer,—and as a general rule, the mode of treatment of almost any particular disease, is as plain to an experienced practitioner as is the management of a sailing vessel in a storm to an experienced seaman. There are occasions when the force of the winds, the blasts of lightning, and the turmoil of the sea, are impossible to be overcome, especially with a vessel of frail structure, whereby its loss becomes inevitable. So with the human constitution; its organic structure is frequently so feeble, and the opposition to the elements of life are so utterly overwhelming, that neither nature nor art is able to control them, and in a considerable number of the derangements with which humanity is afflicted, the *remote* causes are as little known and understood by the physiologist, as are the causes of hurricanes, and of thunder by the navigator.

Some diseases are known to be of a strictly specific character, derived from the introduction into the organism of some peculiar substance to which the idea of *poison* is veraciously appplied, and whereby the natural functions are disturbed, and in many instances so extensively deranged, as seriously to impair the vital powers, and for the modification or counteraction of which, what is known as *specific treatment* is required. As examples of this class, we may refer to syphilis, variola, intermittent, and yellow fever.

The *chemistry of physiology* must be regarded as the true quarter whence the real nature of most idiopathic diseases is to be learned. There exists no other structure so complicated, delicate, and numerously varied in its chemical combinations. In none other is there to be found so large a number of the primary elements of nature; in no other laboratory is there so great a number and variety of operations; and it is owing either to the presence of some foreign matter, to the deficiency or surplusage of one or more of the natural ingredients, or to their mal-combination, that a majority of the diseases are to be properly attributed.

Carpenter, in his work on the Principles of Human Physiology, page 535, very properly remarks:

"From the part which the blood performs in the ordinary process of nutrition, it cannot be doubted that it undergoes important alterations when these processes take place in an abnormal manner. The alterations must be sometimes the causes, and sometimes the effects, of the morbid phenomena, which constitute what we term diseases. Thus when some local cause affecting the solid tissues of a certain part of the body, produce inflammation in them, their normal relations to the blood are altered; the consequence is that the blood in passing through them, undergoes a different set of changes from those for which it is originally adapted, and thus its own character undergoes an alteration, which soon becomes evident throughout the whole mass of the circulating fluid, and is, in its turn, the cause of morbid phenomena in remote parts of the system. On the other hand, the strong analogy between many constitutional disorders, and the effects of poisonous agents introduced into the blood, appears clearly to point to the inference that these diseases are due to the action of some morbific matter which has been directly introduced into the current of the circulating fluid, and which has effected both its physical and its vital properties."

The symmetry of many diseases which do not immediately depend upon external causes, necessarily involves the idea of the presence of a morbific agent in the circulating fluid. For example, palsy from lead—the agent known to be mingled with the blood, and to be deposited in the parts affected. Among the most frequent causes of depravation of the blood is the retention in it of matters which should be removed by the excretory processes; *e. g.*, carbonic acid, if totally retained by the lungs, will occasion death in a few minutes. The retention of the materials of the biliary and urinary secretions is a fertile source of disorders of the system—often of fatal results.

The most remarkable cases of depravation of the blood by the introduction of matters from without, are those in which these matters act as *ferments*, exciting such chemical changes in the constitution of the fluid, that

its whole character is speedily altered, and its vital properties impaired. Of the causes of blood depravity, one of the most prolific, direct, and most continually in operation, is that function upon which the entire structure of the body is dependent for its renewal and continuance, viz., digestion and assimilation, in which must be included respiration, this being, in fact, the last act of digestion. Very numerous diseases are well known to derive their existence from either the imperfection of this function, or from the inclusion of improper material.

In Draper's Physiology, we are informed, page 77:

"The imputed control which the alkalinity or acidity of the digestive juices exerts in determining the result, illustrates the important function discharged by common salt, which furnishes to the juices of the stomach and intestines the characteristic ingredients they require, by breaking up readily into hydrochloric acid and soda, and *re*-forming at once whenever these materials are brought in contact."

Carpenter, in the work before quoted, remarks, page 503:

"This fluid (gastric juice) of which the existence has been denied by some physiologists, is not very unlike saliva in its appearance; it is, however, distinctly acid to the taste; and chemical analysis shows that it contains a considerable proportion of free muriatic acid, and also some acetic acid. The former must evidently be derived from the decomposition of the muriate of soda contained in the blood, the remote source of which is the salt ingested with the food. Besides these principle ingredients, the gastric fluid contains muriates and phosphates of potash, soda, magnesia, and lime."

Prof. Dunglison, in his work on Human Physiology, states:

"*The quantity of free hydrochloric acid was surprising;* on distilling the gastric fluid, the acids passed over, the salts and animal matter remaining in the retort; the amount of chloride of silver thrown down, on the addition of nitrate of silver to the distilled fluid, was astonishing."

Thos. Chambers, M. D., in his work on Digestion and its Derangements, remarks:

"It may be considered settled, that *for healthy digestion, an excess of acid is necessary.* In dogs it may be considered as settled by the experiments of Drs. Bidder and Schmidt, that the necessary free acid in the healthy state is the hydrochloric. This is the result of eighteen experiments made upon the gastric juice of the animals named, after fasting from eighteen to twenty hours, in all of which there was found free hydrochloric, and not a trace of any organic acid. On the whole, the evidence at present seems to point to the conclusion, 1st, that most probably free *hydrochloric* acid is normally present in the healthy gastric juice when it freely exudes on the presence of a natural stimulus; 2d, that it is present in smaller quantities in man than in dogs; 3d, that in man it may be easily neutralized and rendered undiscoverable by the gastric juice being overpowered by a comparative excess of mucus or saliva, normally in excess in fasting, abnormally so in disease."

M. Schmidt, by recent observations made on the gastric juice of a woman having a gastric fistula, calculated that 580 grammes (about 24 ounces) were secreted in an hour, which would give 14 killogrammes (about 36 pounds) a day, being about one-fourth the weight of the body. The following is given by M. Schmidt as the result of nine analyses of the gastric juice of the dog, obtained as pure as possible; 1000 parts contained:

Water, . . .	973.062
Organic matter, . .	17.127
Phosphate of lime, . .	1.729
" " magnesia, .	.226
" " iron, . .	.082
Free hydrochloric acid, .	3.030
Chloride of potassium, .	1.125
" " sodium, .	2.507
" " calcium, . .	.624
Chloro-hydrate of ammonia,	.468

According to M. Velpeau, it is permanently acid in different degrees, a fact established by the experiments of Leuret, Lassaigne, Tiedeman and Gmelin.

Considering the exceedingly complicated character of this fluid, and the very profound nature of the chemico-physiological operations it is required to undergo in combination with the multiplicity of material imbibed as food and condiment, and it being the primary foundation of the "house we live in," it is clear that any deficiency in its chemical ingredients, or the presence of any material in the stomach upon which it cannot properly act, must result in deficient nutrition of the blood, and consequently of various parts, and possibly of the whole structure of the body.

To whatever circumstance indigestion may be owing, whether to deficiency of amount of gastric juice, the privation of some of its essential ingredients, or to a defective capacity of the circulatory or nervous functions, (upon the integrity of which this function is also largely dependent,) the contents of the stomach must undergo the decomposition and

fermentation, which invariably occur with all dead animal and vegetable matter when confined in vessels where they are subject to the continued influences of heat and moisture. To this natural operation are due the generation of gases which give the symptom of flatulence, pervading both the gastric and intestinal organs; also the nausea and eructation of the food, so frequent in dyspepsia; and likewise the epigastric pains, so distressing in many instances; together with the diarrhœa, dysentery, colic, and hepatic congestion and torpor, so frequently resulting from the presence of the foreign masses thus retained, and imparting, to a greater or less extent, foul and injurious ingredients to the blood by absorption.

My experience with the remedy referred to in the treatment of diarrhœa, dysentery, cholera morbus, as well as dyspepsia, has been most decidedly beneficial. From five to twenty, forty, or sixty grains, according to the age of the patient and the severity of the symptoms, administered two, four, or six times a day, have, in almost every instance, had the effect of speedily arresting the discharges, and relieving the nausea and the colicky irritation. I could cite several cases in which its efficacy has proven as prompt as any other remedy before tried, and in not one have I seen any bad effect or failure. As to its *modus operandi* in these complaints, it seems to act in the double capacity of an antiseptic and astringent. On the latter principle, its influence appears sometimes almost as speedy and efficacious as opium. In cases of constipation derived from torpor of the liver, or deficient peristaltic power of the intestinal tube, its corrective influence over almost all functions aids to restore a healthy action of the muscles of the bowels.

In dyspepsia its efficacy has been most marked, especially when the disorder is accompanied with flatulence and eructations of food. These symptoms are doubtless the result of the decomposition and fermentation of the foreign material in the stomach itself, from one or more of the causes before mentioned. In such cases the sulphite salt operates, in the first place, as a direct and powerful arrestor and preventive of the decomposition of the food, in the same manner as it does on the outside of the body; and, in the second place, its acid constituent, either in its original sulphurous form, or by its advancement to the sulphuric form, doubtless compensates for some of the deficiency of the gastric juice, and in this way completes the digestive process as far as the gastric function is concerned. The form of administration which I have found most useful and successful in dyspepsia and its attendant circumstances, is in combination with tonics and carminatives, avoiding alcoholic stimulants on all occasions. My chief combination is tinct. of cinchonæ comp., and cardamoms, and syr. aurantii, with the sulphite salt in separate solution, combining the two at the time of administration.

It speedily arrests the fermenting process which the contents of the alimentary canal so frequently undergo, eliminating gases, producing symptoms of flatulence, and which doubtless in many cases is the cause of the diarrhœa, nausea, colic, and other attendant symptoms. For the arrestation of this process of decomposition and fermentation, I have found no means equal to sulphurous acid in the form of a sulphite salt. In several instances in which flatulence was a very prominent symptom, one or two doses of the salt appear to have immediately arrested and removed it. As an illustration of its value in dyspepsia, the following extract is quoted from a letter received from a recent member of the General Government in Washington:

"*Washington City, Jan.* 8, 1867.

"Dr. J. H. Griscom.

"*Dear Sir*—You remember your medical prescription. I procured it; and from taking the first dose, I felt no more of that dyspeptic trouble. I took faithfully the twelve powders and the liquid, and believe they have been of more benefit to me than all the medicine I have taken for years. Since then, several of my friends have been complaining, in my presence, of the same trouble I had, and I have immediately given them the apothecary's number of your prescription, and in the only report I have had, it cured the gentleman just as it did me. I am not sure I shall not set up 'Doctor for Heartburn,' on your capital."

There is another disorder in which the intestinal canal is chiefly involved, and accompanied with other serious disturbances, in

which, though it has not fallen to my lot during the past two years, to have obtained any experience in the treatment with this or any other remedy, having seen no case of it, I yet should unhesitatingly and with full confidence, administer it. I refer to *cholera Asiatica.*

Sulphuric acid, diluted in the form of a beverage, has gained, in France, considerable reputation in the treatment of epidemic cholera, its remedial effects being attributable to its antiseptic powers, and to its influence in destroying cryptogamic parasites and organic germs. In sulphur*ous* acid we have a preparation of the same ingredients in different proportions, possessing the same advantages combined with the additional one of being a powerful antiseptic and deodorizer, in its native form, and then, by conversion into sulphur*ic* acid, possessing all the advantageous properties of the latter.

In any disease whatever, in which the digestive function is impaired, whereby the recuperative faculties of the entire system must be more or less diminished, the capacity of the sulphites in arresting the decomposition and fermentation, and thus preventing the additional trouble and increase of derangement necessarily resulting therefrom, is a most valuable *adjuvant.* A marked illustration of this theory is found in typhus fever and other analogous disorders. In that species of derangements, the digestive powers are manifestly reduced, at the same time they are our principal reliance for the addition of the antitoxic remedies to the circulating fluid.

In the diseased condition known as *Scorbutus,* there is a most direct demand for proper alimentary material, and therein we find the sulphites valuable, not only as a means of suspending the fermenting process, but also, by the agency of both its acid and alkaline constituents, promoting digestion itself.

But it is not alone upon the contents of the stomach and bowels, with which the salt comes in direct and immediate intercourse, that its antiseptic and antizymotic influence is exerted. This, as before suggested, is probably due to the action of the sulphurous acid derived from the decomposition of the salt. But there are many diseases of a zymotic character, derived from causes wholly independent of the digestive function, upon which this agent has been found to exert a curative influence as rapid and efficacious as in those already referred to.

We have several reports in medical journals, of its efficacy in intermittent and typhus fevers, in scarlatina, small-pox, and measles, the theory of its action in which is, that the acid is absorbed into the blood itself, and therein exerts its antiseptic properties directly upon the materies morbi which give rise to the disorders.

Even in yellow fever, the real chemico-physiological cause of which has not yet been satisfactorily made known, it was last summer, during the prevalence of that disease in the West Indies, reported by the medical officers of the British fleet, to have produced highly favorable results.

Its value in erysipelas I have had the gratification of testing in several cases. In one case in the New York Hospital, found on the face of a delirium tremens patient, a few doses of the salt wholly relieved that symptom in twenty-four hours. In this peculiar disorder there would seem to be a very plain reason for its usefulness, it being a disease whose source is most plainly derived from internal derangement of the blood, producing obstruction of the functions of the capillary circulation of the skin, thus giving rise to congestion and inflammation. That it is derived from some chemico-pathologic alteration of the blood, there can be no doubt, although we know not the true nature of the change.

In several cases of bronchial and pharyngeal catarrh, I have also observed singularly beneficial results from its administration in connection with local treatment, this disorder being considered as based upon the same foundation as cutaneous erysipelas.

The origin of many cases of idiopathic pneumonia, peritonitis, pleuritis, and other disorders embraced in the same nosological class, is a question of the highest scientific importance, both in relation to the nature of the disease and its treatment. In the remarks of

Carpenter, before quoted, relating to the changes produced upon the blood by *local causes*, thus giving rise to morbid phenomena in distant parts of the system, we have an intimation of the influence of the alterations of the blood disturbing the capillary functions; whence it is easily perceivable that the so-called inflammatory affections just named may be the direct effects of morbific changes in the blood, introduced by other than local causes. In the treatment of these diseases and others of similar character, such as erysipelas, gastritis, enteritis, hepatitis, and all others of idiopathic origin, it is rational to look into the chemical condition of the vital fluid, both for their origin and for the means of restoring it to its healthful condition. There is one very common disorder, the chemical origin and cause of which is now almost universally admitted, and for which chemical anti-toxic treatment is very generally found available. I refer to rheumatism, which is known to be dependent upon a hyper-acetic condition of the blood, and capable of neutralization by the use of alkaline medicines. The alkaline salt, known as tart. pot. et sod. has proved in latter years to be an almost uniform remedy for all forms of this disease. In a recent paper on this topic by Professor J. H. Salisbury, of the Charity Hospital Medical College, Cleveland, Ohio, contained in the last October No. of the *Amer. Jour. of Med. Sciences*, we are presented with a very lucid exposition of the several varieties of this disorder illustrated by microscopic expositions. He remarks: "We have four or more types of rheumatism, which may be designated as follows: 1st, Lithic; 2d. Oxalic; 3d. Cystinic; 4th. Phosphatic." All of these acidulous conditions are discernable by microscopic examination of the blood, demonstrating the several primary elements by the varied character of the parent gland cells.

It is not unreasonable to suppose that these various changes are the results of imperfect digestion and assimilation, varying in character according to the nature of the dietary, or functional powers of the patients—improvement in both of which may, in very many cases, be secured by the subject of this paper.

The nervous system, in both its centres and branches, being also dependent for its integrity and healthful energy upon its proper nutrition, there is equally good reason for the opinion, that many of its derangements, such as hysteria, neuralgia, and even paralysis and meningitis, may be due to imperfect or deranged nutrition, as certainly as is delirium tremens, and in many such cases, the use of an agent for the purification of the nutrient fluid may be found directly influential in restoring a sound state of that organization, and likewise as in almost all other functional disorders, it may be found to be an important adjuvant to other essential remedies.

A case of unexpected relief to the mental functions, derived from its administration for a physical disease, will presently be reported.

In that peculiar pathological condition of the blood and cutaneous organization which is manifested by the production of numerous furuncles, commonly known as boils, the administration of sodæ sulphis, in combination with the carminative tonics, has proved, under my observation, a very perfect and rapid remedy. The same remark is applicable to another cutaneous disorder, dependent wholly upon gastric derangement. I refer to *urticaria*.

During the preparation of this essay, the most extensive and violent case of this disease that ever fell under my observation, came under my care. It was a lady aged 17, who had suffered greatly for several days with nausea, sleeplessness, an eruption covering almost the entire cutaneous surface, and accompanied with excessively violent itching. In twenty-four hours, a few doses of forty grains each, of sodæ sulphis, combined with carminative tonics, and a local external application of a solution of the salt, relieved all the symptoms to a great extent, and in forty-eight hours, they all wholly disappeared, leaving the patient in good health.

Another application of this salt, which I have found both highly interesting and valuable, is, in the case of infants, by whom their natural food, the mother's breast milk, is frequently rejected.

A dose of two to five grains in combination with a few drops of the tinct. card. c., sweetened

with a little syr. aurantii, has in many instances proved directly successful in causing a retention and assimilation of the stomach's contents, when administered soon after imbibition, thus greatly promoting the health and strength of the juvenile.

There are three forms of this salt, viz., the sulphite, the hyposulphite, and the bi-sulphite —the first of which has been my principal dependence, though the others, when employed in proportionate quantities for the supply of the acid constituent, are equally useful. The only objection to the bi-sulphite is its being somewhat uncertain as to the proportions of acid contained in it, unless kept in solution, as a portion of the gas is liable to escape when exposed to the air in the crystaline form.

HOSPITALS.—BRITISH, FRENCH, AND AMERICAN:

To which is appended a Glance at the British Islands, France and America, Ethnological, Climatic, and General, etc., etc.

By Edwin R. Maxson, M. D,

Author of Practice of Medicine, etc.

Of Philadelphia.

Having been abroad in Europe during the summer of 1867, for medical observation; and having visited and attended the hospitals of Greenock, Glasgow, Edinburgh, London, Liverpool, Dublin, and Paris, for longer or shorter periods; and having previously, and since my return, visited the hospitals of Buffalo, Utica, Montreal, Quebec, New York, Brooklyn, and Philadelphia, I propose to speak *descriptively* and somewhat *critically*, of the hospitals of Greenock, Glasgow, Edinburgh, London, Liverpool, Dublin, and Paris, separately, and in the order in which I have named them, concluding with some general remarks in relation to the American hospitals above named; hoping to draw some conclusions that may be of interest, so far as hospitals are concerned; and, if possible, to elucidate a few medical, surgical, and obstetrical, as well as hygienic principles.

And while I shall purposely avoid all minutiæ of detail, I hope to be able to give such general and practical observations in relation to the hospitals above named, abroad and at home, as may be of general interest to physicians and students. And in doing this I shall necessarily refer to some of the physicians and surgeons in attendance, as well as to the prevailing diseases in each, etc. And further, as I wrote from abroad* most of that which I discovered that was specially *new*, I shall purposely avoid so much as was thus written and published, in order not to repeat, and thus weary the patience of any.

First, then,

Greenock Hospital.

The Greenock Infirmary is pleasantly situated in the very considerable town of Greenock, on the river Clyde, in Scotland, about twenty miles below Glasgow. The hospital has, I believe, from one to two hundred beds, and is very well arranged and conducted. And though on a side-hill, making the surface drainage excellent, the whole town is very damp and well calculated to develop typhus fever, bronchial and rheumatic affections, which are the prevailing diseases in the hospital, together with the usual variety of surgical cases, etc.

The resident and visiting physicians, Drs. Campbell and Fox, are gentlemen, who not only treated me very politely, but appeared to exercise a kind supervision over the patients under their care; their medical and surgical treatment being, though conservative, as appeared to me, very judicious. That which struck me most forcibly in this hospital, it being the first I was in abroad, was the ample supply of nourishment, including milk, broths, egg, toast, etc., allowed the patients; entirely in accordance with my own notions in relation to the nourishment of patients, so earnestly recommended by me in this country, in my Lectures, Practice of Medicine, and private practice.

Glasgow Hospitals.

The hospitals of Glasgow that I shall mention are, the Royal Infirmary; the Glasgow Eye Infirmary, having accommodations for boarders as well as out-patients; and the Dis-

* In a series of letters to the Medical and Surgical Reporter, in 1867.

pensary for Diseases of the Skin, of Dr. McCall Anderson; and in the order in which I have named them.

Royal Infirmary.

The Royal Infirmary of Glasgow, containing accommodations for four or five hundred patients, is very well situated on a rise of ground in the old part of the city, near the old University and the Cathedral of the twelfth century. It is substantially built and very well arranged, having all the necessary appurtenances for a first-class hospital, including lecture rooms, instruments, etc.

It has an excellent corps of nurses, able residents, and eminent visiting physicians, including Drs. Leishman, Gardner, Buchanan, MacLeod, and Watson, and others I need not mention; men doing as much for the advancement of medical, surgical, and obstetrical science, in my opinion, as any in the British Islands. With one eye impartially turned to American improvements, and the other intent upon their numerous and instructive cases, glancing occasionally across to the Continent, they show themselves worthy of the high position they occupy.

The *diseases* that come under their observation, are the usual variety, including medical and surgical cases; and among the former, *typhus fever* may be regarded as predominating, though pulmonary, rheumatic, and almost every form of disease common to our climate may be found there. *Inflammatory* affections, however, including pneumonia, pleurisy, etc., are generally of a more passive or asthenic character than with us in America. And I must say, that the surgical cases, or such of them as were the result of contused, lacerated, and incised wounds, and compound fractures, etc., under the general supervision of Prof. Lister, with the carbolic acid applications, were really apparently doing better, and making more rapid recoveries than any similar cases I have seen anywhere, in hospitals or private practice. And, it appeared to me, that the antiseptic effect of the carbolic acid thus used upon these cases, affecting the atmosphere of the wards, was not lost upon all the patients in those wards; and, in fact, in the entire hospital, so far as its influence was extended by evaporation, being conducted by the air, giving a decided tendency to resolution in all local, and even a more rapid convalescence in most general affections, medical as well as surgical. And it may not be improper for me to state here, that I was not alone in this observation and conclusion.

Glasgow Eye Infirmary.

This excellent infirmary, situated near the Clyde, in the eastern part of Glasgow, conducted by Drs. McKenzie and Rainey, his partner, affords accommodations for boarders, and perhaps from thirty to fifty out-patients may be prescribed for daily, judging from what I saw; Dr. Rainey having the principal charge; Dr. McKenzie being advised with in bad cases, but on account of his age, generally at his residence, I believe.

While at this excellent infirmary every variety of disease of the eye is prescribed for and treated in the most rational and judicious manner, *scrofulous ophthalmia* appeared to predominate. And I was pleased to find that everything possible was done by way of clothing, food, etc., that could be made to act remedially; and then cod-liver oil, iron, etc., used internally; the local applications, if used, being generally of a soothing character, as atropia, two grains to the ounce of water, or wine of opium, applied to the inverted upper lid, by a camel's-hair brush, as most convenient.

While, however, such cases receive this general conservative treatment, *iritis* is met by cathartics, leeches, calomel, belladonna, iodide of potassium, warm sitz-baths, etc; *catarrhal ophthalmia*, by cupping, leeching, the sitz-baths, and the solution of atropia, two grains to the ounce of water, locally, with the brush; *ulceration of the cornea*, by cathartics, leeches, blisters, and the application of a solution of nitrate of silver, ten grains to the ounce of water; and *rheumatic ophthalmia*, by iodide of potassium and the solution of atropia, or wine of opium to the eye, as in the other affections; while the operation for *cataract* is by *extraction*, it being regarded as superior to that by depression, as sometimes practiced in other places. And, for Dr. George Rainey, the efficient manager of

this excellent infirmary, with the advice of his venerable partner, Dr. McKenzie, I predict a brilliant future, should his life and health be spared. A more perfect gentleman I never met. He is, also, an accomplished scholar.

Dispensary for Skin Diseases.

Dr. McCall Anderson's Dispensary for *Diseases of the Skin*, with a convenient building, in a central part of the Old Town, with lecture, reception, waiting-rooms, etc., is one of the real beneficiaries of Glasgow; being admirably conducted, and affording an excellent opportunity for the students of the two medical universities, to become thoroughly acquainted with skin diseases, and their treatment.

Dr. Andernon is lecturer on the Practice of Medicine, in Anderson's University; has published a valuable work on *eczema*; and treats in the most rational and common sense manner, the large number of cases that resort to his dispensary for relief; including every variety of skin diseases; among which, the papular, vesicular, and pustular eruptions, classed by the Dr. with erythema, as eczematous, may be the most common. *Scabies*, however, and the other animalcular, as well as *scabby* and *cryptogamous* eruptions, etc., are by no means infrequent.

Without going into detail, I will only add, that the first inquiry of the Dr., is to ascertain the *character* of the disease, and its *cause*. Then, like a rational common sense man, after removing the cause, as far as possible, he strives to correct the deranged condition of the system, upon which the local disease may depend, when such general derangements exist; after which, such stimulating, soothing, antiseptic, cleansing, or other remedies, as may be indicated, are applied, thus making, as appeared to me, all his prescriptions strictly rational. It is not strange, that under such a rational, judicious course of treatment, his patients should so very generally rapidly recover. Very much is accomplished by ablutions, proper food, clothing, etc. *Internally*, as alteratives and tonics; arsenic, mercury, syrup of iodide of iron, cod-liver oil, etc., are mainly relied upon; while *externally*, oxide of zinc, carbolic acid, potassa, sulphur, cod-liver oil, etc., are often used, when clearly indicated. The Doctor is yet a comparatively young man; and, having a good constitution, and a thorough education, is doubtless destined to fulfil his mission, as a physician, with great credit to himself, and honor to our noble profession. In fact, there are few men, at home or abroad, in whose intimate friendship, I feel a more lively satisfaction.

Edinburgh Hospitals.

The Royal Infirmary and Chalmer's Hospital of Edinburgh, are worthy of a passing general notice; in part from the *extent* of the one, and the neatness and fine situation of the other; and also, on account of the high standing of the physicians and surgeons in attendance there. They are also of extraordinary interest, on account of the illustrious names that have been associated with them in the past.

Royal Infirmary.

The Royal Infirmary of Edinburgh, has I believe, accommodations for nearly five hundred patients, being quite well situated, near the University in the Old Town, a little east of the ancient street leading from the old Parliament House to Holyrood Palace, on which, a little to the west of the infirmary, is John Knox's house.

It is a substantial stone structure, tolerably well arranged; having ample lecture rooms; and most of the conveniences of modern hospitals, of such capacity; and some comforts in its arrangements, unknown to many of them. Its nurses are attentive; the residents gentlemanly; and I need not say, that the visiting physicians and surgeons are among the most able that grace the wards of any hospital, anywhere; of whom I may name Professors Syme, Bennett, Laycock, Simpson, Duncan, Watson, etc., as the most prominent.

Almost every variety of disease may be found here, common to the climate. And, though *typhus fever* may perhaps be less predominant than at Greenock or Glasgow, I think it must be admitted, that all, even inflammatory diseases, including pleuritis and pneumonia, are of an asthenic or passive char-

acter, with perhaps very few exceptions; none of the inflammatory affections, however, appearing to me to be of that active sthenic character, sometimes met with even in our hospitals in this country.

Scrofula and *tubercular phthisis* may be regarded as quite prevalent; though the former perhaps less so than at Glasgow; and of surgical cases they have about the usual variety. It may also be proper to state, that *typhoid fever*, though not very prevalent, may be found to a limited extent.

Carbolic acid is used here, as in the Royal Infirmary of Glasgow; and *fractures* of the femur are treated by Dr. Swinburne's method, extension being made by the pulley and weight. It is called, in Edinburgh, the "*American method;*" and the results have been, as I was informed, more satisfactory than by any other. Surgical cases, generally, appeared to me to be very judiciously treated; Professor Syme and Dr. Watson appearing to have a lively interest for the comfort, safety, and permanent welfare of their patients.

Scrofula, *tubercular phthisis*, and other kindred diseases, are treated by good food, cod-liver oil, iodine, iron, etc., and as appeared to me, very judiciously; the laryngoscope being resorted to, as a means of diagnosis, in laryngeal complications, or primary affections.

Typhus fever is treated, mainly, and it appeared to me, too exclusively, by milk, beef-tea, eggs, etc. For, though the good nourishment is clearly indicated, in all the cases, it appeared to me that other valuable remedies might often have been made available in fulfilling indications, had not the all-sufficiency of the nourishment alone, been so exclusively relied upon. In fact, I believe that many of the cases might have been arrested, or very much cut short, by the use, in addidition, of quinine or fluid extract of bark.

Pneumonia and *pleuritis*, as they occur in the Royal Infirmary of Edinburgh, being generally of a decidedly low, passive, or asthenic character, as I have already stated, may very generally require the tonic and even stimulating course of treatment, adopted, and so strongly recommended by Professor Bennett; and especially the pneumonia. In fact, I do not remember to have seen a case there, that I would not have treated with tonics, stimulants, and good nourishment. Though cases, I believe, sometimes occur, in which even Dr. Bennett discovers indications for slightly lowering or depressing treatment; and I have no doubt but that pleuritis may quite often require *local* depletion; and possibly, in some cases, *general;* and, were the *local* more generally resorted to, in pleuritis, in connection with the tonics, stimulants, and good diet, it is my opinion fewer cases of hydrothorax would follow. But perhaps not.

Professor Bennett is a close observer; never, I think, administering a remedy without a clear indication. He has done, and is still doing very much, by his close observations, and the exercise of his master mind, to do away with the unnecessary, irrational, and worse than superfluous administration of medicines, when not clearly indicated; and in substituting a more rational treatment of disease, as it has fallen under his observation.

I cannot leave this venerable old infirmary, without saying what I am compelled to; that the physicians and surgeons that now grace its wards, including Professors Syme, Bennett, Simpson, Watson, Laycock, and Duncan, besides being an honor to the positions they occupy, professionally, are gentlemen, in every sense of the word. And to Professors Syme, Bennett, Simpson, and Watson, especially, I am under great obligations; and am happy in being able to regard them as among my most cherished friends.

Chalmer's Hospital.

Chalmer's Hospital, situated in the South-eastern new portion of Edinburgh, is on a smaller scale, accommodating, perhaps, between one and two hundred patients. It has a beautiful green field or park in its rear; and is well situated and arranged for such a beneficent purpose, though somewhat more private in its character than the Royal Infirmary.

I was introduced there by Dr. Watson, who appeared to have the general supervision, being, as appeared, Visiting Physician and Surgeon, as well as one of the Surgeons to the

Royal Infirmary, and withal a most accomplished gentleman, in every sense of the word. The Resident, also, though evidently not often interrupted by visitors, showed me every possible politeness, and cordially invited me to spend as much time there as I could afford to.

Under such direct and general supervision, with such a situation and surroundings, it is not strange that very great success should attend the cases, medical and surgical; and such I believe to be the case; their patients being cleanly, well fed, and evidently receiving judicious treatment, in every respect.

Chloroform is used, as I noticed, as well as *carbolic acid*. Dr. Watson, in removing a loose or movable cartilage from the knee-joint, as I noticed, first dipping his forceps and bistoury in a mixture of equal parts of carbolic acid and linseed oil; and after its removal, and closing the cut by metalic sutures, without washing off the blood, applied a cloth wet with the same mixture, and then over this a paste made of one part of the carbolic acid to four of the oil, mixed with sufficient prepared chalk to make it spread on block-tin, as used by Prof. Lister, at Glasgow, and at the Royal Infirmary of Edinburgh, by Watson and Syme.

Dr. Swinburne's method of extension by the pulley and weight, is in use at this Hospital, as well as at the Royal Infirmary; and Dr. Watson assured me that he got, beyond all comparison, the best results from it, in fractures of the thigh. I noticed in the use of chloroform, at Chalmer's Hospital, as well as at the Royal Infirmary, that it was administered from a *folded* cloth, thus allowing the patient a full supply of air; a precaution which they claim has saved them from fatal results in its administration; and I am confident that it is by far more safe thus administered, than by a napkin, in the form of a hollow cone, fitting over the nose, as I have sometimes witnessed.

Finally, in closing this very general account of my observations in the Hospitals of Scotland, I will only add, that the Scotch physicians and surgeons are not afraid to acknowledge and adopt American improvements, when discovered to be such. This fact, together with their close observation of disease, in all its forms, and the hints they receive from the Continent of Europe, to which they are ever alive, has enabled them to make great advancements in medical, surgical, and obstetrical science. And I was most happy to find that my own views in relation to nourishing patients, so freely announced in my Practice of Medicine and Lectures, in this country, are fully sustained, not only the principles, but also the particulars; *milk* standing first on the list, as I have always contended; eggs, toast, etc., during convalescence. And it may be proper to state, in conclusion, that to Professors Bennett, of Edinburgh, and Gardner, of Glasgow, are mainly due the credit of establishing, not only in Scotland, but throughout the British Islands, the long undiscovered fact, that the sick should not be allowed to starve, any more than the well. I may be allowed, also, to state, that Sir James Simpson highly approved of my method of changing *shoulder* into *natural* presentations, by the position of Prof. Thomas, for reducing prolapsed cord, with slight manipulation, saying, that I was ahead of them all in this, though he had himself thought of something similar; stoutly condemning external manipulations to change abnormal presentations, on account of the danger of detaching the placenta, and causing fatal hemorrhage, should the cord be around the neck of the child, as is often the case; and I may add, that Prof. Thomas's method of replacing prolapsed cord, he highly approves.

[To be continued.]

Professor August V. Vogel.

We notice, in recent exchanges, the death of the celebrated German chemist, Professor August V. Vogel, M. D., in his ninetieth year, up to which advanced age he retained the fullest vigor of body and mind. He was the oldest member of the Munich Academy of Sciences, and was particularly distinguished for his analysis of the various mineral waters in his native kingdom of Bavaria.

—— Prof. Joseph Jones, of Nashville.—We are pained to hear that the residence of Professor Jones was recently destroyed by fire, together with many of his most valuable manuscripts.

Hospital Reports.

Jefferson Medical College,
February 8th, 1868.

Clinic of J. M. Da Costa, M. D.

Reported by Dr. Napheys.

Gingival Line in Phthisis.

Eliza M., æt 30, married. This case is exhibited on account of a sign which is present, rather than because of any importance in a diagnostic or therapeutic point of view. Her mother died of consumption, and one child of acute hydrocephalus, and therefore, presumably, of tubercular meningitis. She came into the hospital with evident signs of phthisis. She has improved a good deal on cod-liver oil, and sub-nitrate of bismuth, the latter being given on account of irritability of the stomach. The vomiting in the morning, to which she has been subject, has been still more favorably influenced by carbolic acid, of which she has taken one drop in a little glycerine and water in the morning. The only way in which she could take the cod-liver oil was in the form of an emulsion with peppermint water and liquor potassæ.

She presents around both the upper and lower gums, a marked red line. This gingival line is supposed to be indicative of phthisis, and in point of fact it often does occur in that disease. It is of particular value when it happens in women, in whom it is not so apt to occur as in men, unless associated with tuberculous disease. An explanation which has been given of its causation is, that the blood which has become vitiated, as must necessarily be the case in a tubercular affection, congests the gums, filling the capillaries, and that the more superficial portions of these distended vessels have the blood in them, readily acted on by the oxygen of the atmosphere. Although this explanation may well be contested on physiological grounds, yet it is the only one having any probability attached to it, which has been offered to show why persons with certain states of the system, particularly tubercular, should have this red line about the gums.

Emphysema.

Wm. H., æt. 50. This patient has been in the hospital for several months. He was in vigorous health until seven years ago, when he had an attack of acute bronchitis, for which he was treated in this hospital. He recovered perfectly, and went to the north-west, where, as farmer and trapper, he was much exposed to the vicissitudes of weather. For the last five or six years, he has had a hacking cough, not accompanied by expectoration. Gradually, however, expectoration has made its appearance until there is now a good deal of it. With this increasing expectoration, there has been increasing cough. For some time back, at least two years, he has been troubled with shortness of breath on exertion, and within the last eighteen months before his admission, he had occasional attacks of dyspnœa, which, however, were not very severe, until a month before admission. On admission, the eighth day of November, he was suffering from what was pronounced to be bronchitis and emphysema, and treated with lobelia, belladonna at times, and counter-irritation.

At times his cough is worse, in damp weather and after exertion. It keeps him awake at night. He is not free from attacks of coughing day or night, longer than a half hour. The attacks of coughing last about five minutes, and are always followed by expectoration. The expectoration is purulent, it might be called a nummular spatum, very much like that of phthisis, consisting of large greenish masses, floating in a thin serous like fluid. Yesterday it contained a good deal of blood, this is, however, of unfrequent occurrence. Dyspnœa is a constant symptom, preventing him from lying down at night. He suffers a good deal from palpitation of the heart, and is losing flesh.

His face has a dull suffering look, expressive of distress in breathing. The lips have a blueish appearance, and the whole color of the face, and of the chest walls, inclines to a blueish tinge. He is a well developed, powerful man, with prominent chest. There exists bulging of the intercostal spaces, or at least prominence of those spaces.

Percussion of the left side anteriorly shows extreme resonance. The same is observed on the right side anteriorly, though not so marked. Posteriorly, this difference also exists at the upper portion of the lungs, below it is lost. The lungs are resonant below the angle of the scapulæ, but they are not extremely resonant. Auscultation on the left side anteriorly, detects an ill-developed respiratory murmur, mixed with some moist râles, and somewhat prolonged expiration. Very much the same is found on the right side anteriorly. In truth, throughout the lung, anteriorly and posteriorly, there are ill-developed respiratory sounds, almost absent in parts, and mixed here and there with a few fine râles. The expiration is in parts prolonged, but not as prolonged as might be inferred from the character of the inspiration, and from the known character of the disease.

The heart is beating ninety six times in a minute. The cardiac percussion dulness is rather large, and the impulse fluttering and distended. The patient has dilated hypertrophy.

This, then, is a case of emphysema of the lungs, with dilated hypertrophy of the heart as a consequence. The frequent attacks of bronchitis to which the patient has been subject, have led to a change in the contractile power of the lungs. It is not possible to explain the phenomena here present in any other manner. The impaired, almost abolished respiratory sounds, the few râles admixed with a certain amount of prolonged expiration, the extreme clearness on percussion, and the constant shortness of breath, leave no doubt as to the case being one of emphysema associated with more or less bronchitis.

The treatment should be a double one, to modify the bronchial trouble which keeps up the affection, and to alleviate the difficulty of breathing which at times rises into paroxysms, attacks of asthma. In point of radical treatment, there are no known means which will cause these distended air vesicles to resume their natural size. As a matter of absolute experience, Dr. DaCosta has sometimes thought that he had seen in cases of pure emphysema, not associated with bronchial symptoms, a long course of iodide of potassium, (three to five grains ter die, for several months,) favorably influence the disease, the respiratory murmur becoming fuller and freer, and the prominence of the chest walls less visible. Good results are also obtained from persistent counter-irritation. A number of cases have been reported in which the constant employment of the continuous galvanic current has led to a decided amelioration of the attacks, and to a diminution in the size of the chest. Strychnia, which theoretically might seem to be indicated has been practically found to be useless.

The patient has been taking 1-60 gr. of atropia, three times a day; this will be changed to twice a day. Repeated blistering will also be resorted to, and, after a while, three grains of iodide of potassium five times a day will be given. Of course, any intercurrent bronchitis of an acute type appearing, it will be treated.

—— Professor Rokitansky, of world-wide reputation, has recently been appointed life-member of the *Herrenhaus*, House of Lords, of Austria. This recognition of the merit of a professional brother seems to excite the liveliest sentiments of satisfaction in the German medical world, and congratulatory addresses pour in on every side to the newly made Peer.

Medical Societies.

PROCEEDINGS OF THE MEDICAL SOCIETY OF HARFORD COUNTY, MD.

[Reported by the Secretary.]

The Society met at Bel Air, pursuant to adjournment, February 11th, 1868, the Vice-President, Dr. Hopkins, in the chair.

An unusually large number of members were present.

The minutes of the previous meeting were read and approved.

The Committee appointed at a former meeting, of which Dr. Lee was chairman, to petition the County Commissioners for a fund to pay medical practitioners for some part of the services which they may render out-pensioners, reported through the chairman. The committee had not formally presented the petition, but had conversed with the Commissioners unofficially on the subject, and all had agreed to the justice of the petition, but stated, that in consequence of the unusually heavy expenses to which the County had recently been subjected, it was not regarded as probable that a favorable response could be made at this time. The committee, at its own request, was continued.

The report of the Committee on Printing was then called for; when Dr. Forwood, the chairman, stated that its duties had been completed very satisfactory to the committee, and he hoped to the satisfaction of the Society. The results (Constitution, By-Laws, Code of Ethics, and Circulars), were in the hands of the members, and the Treasurer had paid the bill. The report was adopted.

Dr. Lee, who had been appointed at the previous meeting to procure rooms for the future meetings of the Society, stated the terms upon which he had fulfilled the duty. His report was unanimously accepted.

The Treasurer, Dr. Lee, made his annual report, which was approved by the Society.

All the members present paid their annual contribution; and those who had not previously paid their printing assessment, now did so.

The Secretary stated that he had in possession a paper, forwarded to him for presentation to this Society, by the Secretary of *The Medical and Chirurgical Faculty of Maryland.* It was a memorial to the State Legislature, which had been adopted by the State Medical Convention, asking for a supplement to an act, entitled "*An Act to establish and Incorporate a Medical and*

Chirurgical Faculty or Society in the State of Maryland;" and also a petition appended, for an act entitled, "*An Act to Suppress the Crime of Unlawful Abortion.*"

The Secretary asked if the Society would hear the reading. The President stated that he had noticed in the newspapers that the petitions had already been presented to the Legislature, and had met with an adverse reception.

A motion was then made, and carried, that the memorial should be referred to a committee of three, with instructions to report at the next meeting. The President appointed Drs. Lee, Forwood, and W. W. Hopkins, as the committee.

The Secretary then presented a paper, which he had just received from Dr. E. Hall Richardson, of Bel Air, asking the signatures of such members as were willing to give their approval to a petition to the State Legislature, praying that the Legislature authorize our County Commissioners to levy a tax for the payment of medical men for their services to the paupers of the County. The petition was ordered to be read, when a member remarked that, as the petitioner was not a member of our Society, he would move that it be laid on the table; but before asking a vote, he allowed some remarks to be made, which were to the effect that the petitioner, though not a member of the Society, was an honorable member of our profession, and anything offered by him was entitled to our respectful attention. The motion to lay on the table was then withdrawn. The motion of Dr. W. W. Hopkins was then carried, to refer the petition to the committee which the Society had already appointed on that subject.

Dr. Forwood remarked, that as the Lecturer for the day, Dr. W. W. Virdin, was absent, if the Society wished it, he would read a brief paper on the Composition of Pills of the

Sulphate of Quinine.

Dr. Jno. Evans moved that Dr. Forwood be requested to read the paper, which was unanimously agreed to.

At the conclusion of the reading, the author asked the permission of the Society to publish his remarks in The Medical and Surgical Reporter, a journal which he knew was supported by several of our members, and he hoped that it would hereafter be supported by all. Unanimous consent was given for the publication.

While upon the subject of quinia, Dr. Forwood said he would refer to the enormous doses which the human system is capable of tolerating. He stated that during his recent visit to Alabama, in conversation with his friend Dr. Files, of Clarke County, he asked the Doctor what doses of this salt were given in his practice. He replied that twenty-grain doses were frequently administered in congestion, and even in remittent fever. In his own person, in one instance, when very low of fever, he had taken twenty grains of quinine every three hours. And, in attending a case of yellow fever, in consultation with Dr. Denny, of the same county, they had administered thirty grains of quinia every three hours, for a period of twenty-four hours. The case recovered, while numbers in the immediate vicinity were dying of the same disease, while taking much smaller doses of the medicine.

Dr. Files also related a case to the speaker, in which over three hundred grains of quinia had been taken within twelve hours, through a misunderstanding of directions. The case was of intermittent fever. The physician told the patient to go to a neighboring country store, and procure an ounce of quinine, meaning a solution which was usually kept at the store, composed of two grains to the drachm, and directed a teaspoonful to be taken every hour, until he called in the evening. The storekeeper gave the patient an ounce of the salt instead of the solution, and he took the dose directed, until he had taken at least three-fourths of the ounce. Upon the arrival of the physician he complained very much of ringing in his ears, but no ill effects resulted.

Dr. Forwood had not met with any cases in his practice, in Maryland, in which he thought it necessary to administer more than from five to ten grains of quinia at a dose, and at intervals of from three to six hours.

Bromide of Potassium.

Dr. Silver asked the views of the members as to their experience in the use of the bromide of potassium.

Dr. John Evans stated that he had used it with satisfactory results in cases of ovarian dropsy; but he believed that the bromide of ammonium was preferable in many cases where the bromide of potassium was recommended.

Diphtheria.

Diphtheria having been announced at the last meeting as a subject for discussion, now came up. The views of Dr. Forwood, as presented in his lecture on the subject at the meeting previous, were generally approved.

Dr. Hays stated that his experience bore him out in the practice that minute doses of calomel were advantageous in this disease, though he believed that full doses would kill.

Dr. Forwood stated that he would not assert that very small doses of calomel were not benefi-

cial in malarious districts, such as Dr. Hays practiced in, but he thought it better as a rule to avoid the use of mercury under all circumstances, in this disease, even in the smallest dose, except perhaps in malarious districts, and then, if used at all, it should be prescribed with extreme caution.

Dr. W. J. Evans said that calomel in fractional doses seemed beneficial as an alterative in some cases, but he would not recommend it as a rule.

Dr. Forwood stated that he had never seen a case of diphtheria recover after the false membrane had extended to the larynx and trachea, and related an account of an interesting case. His experience, however, was not wide, as he had only met with five or six cases of that character.

Drs. Hays and W. J. Evans stated that they had seen a case in consultation, which recovered after they believed the membrane had invaded the larynx.

Dr. Hays spoke of the exudation appearing upon blistered or abraded surfaces, and stated that he never used stimulants or tonics until there were symptoms of depression or sinking. He regarded a solution of the nitrate of silver, forty grains to the ounce, as an application to the throat, of the utmost importance; and also recommended as a gargle, the decoction of white-oak bark.

Dr. Forwood said that he used stimulating and tonic treatment from the moment that the disease was diagnosed, and thought if their use was postponed until the appearance of the depressed stage, we would lose many cases by the delay.

Dr. Silver stated that Dr. Forwood and himself had had several cases of diphtheria in consultation, and that he agreed with Dr. Forwood as to the necessity for the early use of stimulants and tonics; in which view Dr. Finney concurred.

Dr. Archer remarked that during his service as surgeon in the Confederate army, it was a very common practice with the army surgeons to use the oil of turpentine as a local application to the tonsils in cases of diphtheria, the treatment being apparently attended with marked success. His own experience with this remedy was not extensive, but he spoke from the experience of his professional friends.

Dr. Finney was pleased to have a corroboration of an accidental experience on his own part. He had, on one occasion, advised a patient in this disease to use turpentine as an *external* application to the throat; but, having misunderstood the directions, the remedy was applied to the *internal* parts. Upon his next visit he found his patient much better than he had expected, and he had used the medicine in the same manner in other cases of the kind, with like results.

Dr. Lee introduced to the Society a highly interesting case of exfoliation of the tibia, in a lad about twelve years of age. Eight or nine inches of the denuded bone was exposed, but was not sufficiently detached to warrant removal at the present time.

The Chair announced Dr. John Evans as lecturer for the next meeting, his subject being an account of some of the more interesting surgical cases which had occurred in his own practice. Dr. Lee requested Dr. Evans to embrace in his lecture some remarks upon the case of necrosis which had just been exhibited.

Dr. Silver proposed that the Society discuss at its next meeting the virtues of the chlorate of potassa. The proposition was carried.

Dr. Forwood moved that the question, "Whether the use of the *binder* in cases of Midwifery is necessary, as a rule?" also be discussed at the next meeting. The motion was adopted.

The election of officers for the coming year was then gone into, with the following result:

President—Thomas C. Hopkins.
Vice-President—J. Sappington.
Secretary—W. Stump Forwood.
Treasurer—R. D. Lee.
Censor—S. S. Robinson.

Delegates to the *American Medical Association*, J. M. Finney, Wm. J. Evans, Jas. M. Magraw. Alternate Delegates—J. Sappington, Geo. T. Hays and S. J. Ramsay.

The Society then adjourned, to meet on the second Tuesday in May.

The Introduction of Medicines through the Nasal Mucous Membrane.

Dr. Raimbert, of Bruxelles, (*Journal de Brux.*, xlv., p. 17, July, 1867,) recommends this method of introducing medicinal agents in diseases of the head, eyes, etc. He details several cases of neuralgia, cases of irido-choroiditis and photophobia, in which the snuffing up of five centigrammes of muriate of morphia, mixed with a gramme or two of finely powdered sugar or marshmallow root, every two or three hours, was followed by complete cessation of pain. He suggests the use of digitalis, nux vomica, iodide of potassium, in this way also. In the treatment of diseases affecting the mucous membrane of the pharyngo-nasal space, especially in the frontal sinus, accompanied with pain in the supra-orbital region, Dr. Elsberg, of New York, has long used the same mode of insufflation with success.

Editorial Department.

Periscope.

Occluded Vagina Complicating Labor.

The following instructive case is given by Mr. De La Garde, in the *British Medical Journal* for January 25th:

Some time since I received a note from a surgeon of my acquaintance, desiring me to meet him at a house which he named, about sixteen miles from Exeter, and to bring my midwifery instruments, for his patient was in hard labor, but could not be delivered, as she had no vagina. I found a strong, hale woman, between thirty and forty years of age. She had had severe and frequent pains for more than thirty-six hours. She was not at all exhausted, but was full of life and courage. She appeared unconscious of danger; and I only render justice in saying that she made no difficulty from first to last. Her own account was, that eight years before, she had, after a very protracted labor, been delivered with instruments. There had probably been laceration; there must have been sloughing. She had menstruated regularly since; and had lived with her husband on terms which satisfied both.

I found the labia, nymphæ, and clitoris, quite normal; but the vagina was closed, by adhesion of its sides, for two inches at least. This mass of cicatrix was faced by the adjacent lining of the labia, which extended across and sealed it up, except at the lower part, where a fistulous orifice would just allow an urethral bougie (No. 6) to be wormed through. This orifice was not found without difficulty; and, for three inches, the bougie had to be manœuvred through a narrow and tortuous passage, after which it went on without obstruction. About six inches of the bougie had been introduced; I drew it out much twisted. The last four inches were daubed with fæces; but she was not aware of this communication with the rectum. The meatus urinarius was bruised and stretched by an attempt to dilate it, made, for some motive not explained to me, by another surgeon who had been consulted the day before.

I had to choose between the Cæsarian section and opening up a passage through the pelvis. I preferred the latter. I drew off a quantity of foul urine, which blackened the catheter. Then I introduced a curved hernia director (a straight director would not pass) for about two inches, (the thickness of the occluding mass,) and, with a probe-pointed bistoury, cut right and left, avoiding the urethra, bladder, and rectum. I could then introduce my finger into the os tincæ, and, although the membranes were unusually thick and tough, felt the head high up in the pelvis. The os might be about an inch in diameter. The edge was hard; but I waited, hoping it might yield, and that the head would then tear its way until it approached the perineum, which could be more easily dealt with. The pains were strong; but no progress was made in the next hour and a half. I again cut right and left, making the wound two inches and a half wide. Venous hemorrhage followed, but less than I expected. I had provided tincture of matico and tincture of muriate of iron, but neither of these styptics was required. I should have used the ether spray, but no apparatus was at hand. I found the os tincæ involved on the left side in the cicatrix. I divided its edge, where so attached, for about half an inch. I waited an hour, hoping the head would descend. It advanced a little, and then stopped. Then I forcibly pushed my whole hand up through the pelvis, rending the interlacing bands of cicatrix. The os uteri was well dilated and the head protruding into it. I ruptured the membranes, and the forehead presented. It was not possible to apply the forceps, but I lodged a vectis on the chin. During more than an hour I drew powerfully with every pain, but I made no progress. At length the woman began to fail; her pulse became feeble, and her skin cold and damp. Should I make one more effort to save the child? Could I not turn it? Perhaps I might; but I knew that I could never extricate its head in time to save its life, and that I should add greatly to the mother's peril by the attempt. I could not even ascertain the dimensions of the upper pelvic aperture; but the head was impacted within its brim, and the history of the first labor made its narrowness presumable. I therefore perforated the head, and broke up the cerebrum. This was done while the vectis had remained in its place; so, by drawing upon it afterward, whenever pains occurred, the cranium was emptied. Then I fixed a hook within, and the head was soon delivered. The placenta separated without difficulty.

The woman had no bad symptoms afterward. I suggested that when the wound granulated, a channel should be kept open by a large tent or bougie. I believe nothing was done, as the nurse did not approve. I had no personal charge of the case after the delivery. I have no doubt that the organs, at the time of impregnation, were in the same state as I found them.

"Expressure" of the Fœtus—A New Method of Delivery.

Dr. Kristeller, of Berlin, formulates, in the Monatschrift für Geburtskunde XXIX. p. 33, et seq. June 1867, the *expressure* of the fœtus by external manipulation into a method. The parturient lying on her back, the obstetrician stands at her side, and by gentle manipulations, and pushing away the bowels, isolates the uterus from the neighboring organs, and places it, if too much forward, or too one-sided, more nearly in the axis of the pelvic canal. The uterus is then surrounded with the hands, in such a manner that the little fingers are toward the pelvis, and the wrists toward each other, the hollow of each hand grasps the womb, or the upper half of its sides, leaving the thumb upon the anterior surface, while the fingers, not too far apart, seek to get to the posterior surface of the womb. With thin relaxed abdominal walls, this is easily accomplished, and even when they are tense and fat, it can usually be done with some perseverance, especially when the patient is under the influence of an anæsthetic. The hands should always be accurately opposite each other. The uterus is then gently rubbed and kneaded, gradually more and more pressure is exerted, which, after being kept up at its acme, is gradually lessened. The pressure is to last from five to eight seconds, then after waiting from one to three minutes, according to the urgency of the case, the stage of the labor and the sensitiveness of the patient, it is to be repeated with a change, however, in the precise locality, *i. e.*, changing form the fundus to either superior lateral portion of the womb. While the os is but little open, lateral compressions—when it is wide and soft, fundal compressions are more in their place. These pressures may be repeated ten, twenty or forty times. In difficult cases an intermission of ten to fifteen minutes is advisable after ten or fifteen compressions. Toward the termination of labor the compressions may be repeated with shorter intervals than before. Sometimes a few compressions thus performed suffice to end a tedious labor that has remained in *statu quo* for many hours. In cases in which, after proper preliminaries, twenty to thirty compressions do not plainly show some good effect, the method is probably of no avail.

The author advises also the combination of his method of expressure, with manual or instrumental extractions when these are necessary. We omit, for the present, the author's detailed statements as to indications, powers, consequences, etc., of his method, as well as his cases. The method is undoubtedly of great imprortance, and can certainly be tried in all cases where the child lies straight, whether head or breech present.

New Anæsthetic—Bichloride of Methylene.

Methylene is a fluid like chloroform in appearance and odor, but differing in its boiling point and its specific gravity. It boils at 88° Fahr., and has a specific gravity of 1.34; chloroform boils at 142°, and has a density of 1.49. This substance has chemical relations also with tetrachloride of carbon, the anæsthetic properties of which are known. Chemically speaking, the bichloride of methylene is constructed from the organic radical, methyl, represented by $C H_3$, by the withdrawal of one atom of hydrogen, giving methylene $C H_2$, and the addition of two of chlorine—thus $C H_2 Cl_2$. The composition of chloroform is $C H Cl_3$. It differs from the bichloride of methylene in having one atom of hydrogen less, and one atom of chlorine more in its composition. The radical methyl may enter into composition with chlorine, giving rise to the chloride of methyl, $C H_3 Cl$, which was discovered, in July, to have gentle anæsthetic properties, by Dr. Richardson.

We have, then, a series of compounds.

C H H H Cl, Chloride of methyl.
C H H Cl Cl, Bichloride of methylene.
C H Cl Cl Cl, Chloroform.
C Cl Cl Cl Cl, Tetrachloride of carbon.

All of these compounds are anæsthetic, Dr. Richardson having discovered the anæsthetic properties of the first of these in July last, and of the second, in August. That gentleman has experimented on himself and on animals with new anæsthetics; and two cases of ovariotomy in the practice of Mr. Spencer Wells have apparently proved satisfactorily the anæsthetic power of the bichloride of methylene, which, as it is intermediate in composition, Dr. Richardson regards as also intermediate in strength between chloride of methylene and chloroform. Dr. Richardson has drawn the following conclusions:

"In its action, the bichloride of methylene is more gentle, but as effective as chloroform; it produces less struggling, and less vascular excitement. Its narcotic effects are equally prolonged. It acts very uniformly on the nervous centres. It sometimes produces vomiting. When it is carried so far as to kill, it destroys by equally paralyzing the heart and the respiration. It interferes less than other anæsthetics with the muscular irritability."

Dr. Richardson expects that it will prove less fatal than chloroform, which causes death, he estimates, once in fifteen hundred cases.—*Chemist and Druggist.*

Notes and Comments.

Foreign Medical Journals.

We receive frequent inquiries concerning the price, character. etc., of foreign medical journals. Many who have studied at the French or German universities, or are acquainted with these languages, deem it worth their while to subscribe to some foreign periodical, and thus both keep up their linguistic acquirements and extend their professional knowledge. There are a great number to choose from, and there is not a specialty, however minute, but has its organ in the active medical world across the water. We recommend such as wish to take some foreign periodical, to write to Mr. E. Steiger, 17 North William street, New York City, and obtain from him his list of journals, which is very complete, both on medical and miscellaneous literature, and furnishes the prices of each. Mr. Steiger's advertisement will be found in the Reporter.

The Boston Medical and Surgical Journal.

We observe that our cotemporary, the *Boston Medical and Surgical Journal*, has enlarged its size, and appears throughout in a new dress. It has adopted double-column pages of the same size as the Reporter.

We are glad to see our Boston friend manifest such symptoms of prosperity, and also such taste in the choice of the form it has adopted.

Violation of Agreement in Sale of Practice.

An interesting case, from the Court of Chester county, was decided by the Supreme Court of Pennsylvania, a few days since. Dr. Thompson purchased the medical practice of Dr. McClurg, at West Grove, Chester county, but afterwards Dr. McClurg again commenced practice at that place. Dr. Thompson entered suit against him, and asked for an injunction to restrain McClurg from practicing at West Grove. This injunction was granted by the Court of Chester county, from which decision the defendant appealed to the Supreme Court. This tribunal affirms the decision of the Court below, and Dr. McClurg is therefore restrained from practicing at West Grove. The point decided is an important one.

—— Dr. Edward Batwell, of Ypsilanti, Michigan, has become heir to $90,000 through the death of an East India merchant in London, to whom, in years gone by, Dr. Batwell had shown marked kindness.

Our Great Masters.

Dr. B. W. Richardson, of London, in the course of an address on *Research in Medicine*, delivered to the Saint Andrew's Medical Graduates' Association, makes the following eloquent allusion to the great masters in medicine: "So great is this limitation that the twenty-three centuries from the Father of Medicine have not brought twenty masters who at this moment are powerful to command. Hippocrates still holds out the natural history of disease; Paulus remains the foundation-stone of surgery; Paracelsus keeps the crucible; Vesalius as yet is the anatomist; Harvey still has his hand on the engine of the circulation; Willis is opening the skull-case and unrolling the brain; Mayo continues to teach that there is a furnace in the animal body burning by the air; Black and Priestley tell the nature of the combustion; Haller adds physic to physic, and Boerhaave scientific chemistry. Pinel puts the psychical upon the physical; John Hunter links the physiology of animals inferior to that of the animal superior; Jenner stands out alone the revealer of a wholesome remedy; Humphrey Davy, escaping from his nitrous oxide box, and exclaiming to Dr. Kinglake, 'Nothing exists but thoughts, the universe is composed of impressions, ideas, pleasures, and pains,'—leads the beneficent advance of those who have abolished the horror of the surgeon's knife; and Laennec, pronouncing a diagnostic on such safe physical basis as leaves no improvement on his principles, heads the last of the

> "'Tongues of our dead not lost,
> But speaking from death's frost
> Like fiery tongues at Pentecost.'"

Physiology.

Professor Acland, of the University of Oxford, says, that every person, "whether he knows it or not—the statesman who has to consider the sustentation of the people—the religious man, that is, every one who believes in a moral government of the world, or hopes for a future state, and who has opinions on the history or origin of the human race—the animal man who prides himself on his strength, or whose strength is to him for a fortune—the mother, rich or poor, who yearns by night and by day for the health and growth of her tender offspring—the physician or philanthropist, who desires to arrest or relieve diseases among communities or individuals of men—each and all of them are alike interested in the steady progress of the most abstruse philosophical speculation of the physiologist, as certainly as the common rules of a healthy life which are to be safely deduced from them."

Correspondence.

DOMESTIC.

Abuse of Drugs.

[The following letter is from a well known and respected physician and medical teacher, who has now retired from the active practice of his profession.—Eds.]

Editors Medical and Surgical Reporter:

I belong to that class of physicians among the regular profession who have come to the persuasion that confinement is a natural process, which in the whole animal kingdom only in exceptional cases needs to be interfered with in a mechanical way, and still less needs interference medically; in short, that a parturient woman is not sick. This, my persuasion, was perhaps the result of circumstances; before studying medicine, when quite young, I noticed some cases ending fatally among my immediate relations and friends, and my attention being involuntarily called to the doses of ergot, opium, belladonna, etc., administered at the occasion, I had my doubts if these had not contributed more to the fatal result than the confinement. Later, after having studied medicine, and graduated in one of our first medical colleges, I practiced in the largest city of our continent, especially obstetrics, had among the many hundreds of usual labor cases, a good many forceps deliveries, occasional twins, and also a sprinkling of face presentations, feet presentations, etc. I made it a rule never to give prescriptions whatsoever, and I found that often labor came so sudden and forcibly, after a longer or shorter intermission, that if I had been in the habit of prescribing ergot, I must confess I should surely have attributed it to the effect of this drug, and probably at this time be a firm believer in its efficacy and usefulness. I also abandoned even the custom of giving opiates after delivery, as I found it produced costiveness, derangement in the nervous and gastric functions, in the quality of the milk, in the health of the child, etc.

As during several years of practice I never had any case ending fatally to either mother or child, it may be interesting to mention my manner of proceeding. I was never in the necessity of turning, but left as much as possible to nature to produce delivery in the manner the fœtus presented itself, except that I always made a very free use of the forceps, even in the common presentation, to save protracted pains to the mother, and time for myself. In cases of abnormal presentation, the forceps with other appliances and manipulations, so well taught in our present colleges, aided by cool judgment, has helped me through successfully in every case. The umbilical cord I only tied at one spot, and cut between the ligature and placenta, producing a bleeding which I always let freely go on; this discharges the placenta of some blood, and makes its delivery easy—at least I never had any trouble in this respect. Gentle traction at the cord, applied in the right direction, when labor pains returned, or not returned, always delivered it rapidly.

I was very particular in recommending not to give anything else to the child but its own mother's milk, and that as soon as possible. Some people (principally among the lower classes) persist in giving to a newly born babe, sugar-water, molasses, the milk of some neighboring nursing woman, cow, or goat, or even gin. In a German family once they even prepared to give it a mush prepared with lager beer, and the poorer class of Irish usually want to give it whisky. To enlighten such people on the subject, I always asked them what they give to a newly-born calf, colt, pig, or even to their young cats and dogs, and persuaded them that a human child had, in this respect, exactly the same wants, and that nature's preparations are the best. To the mother I advised to take rest, banish the talking neighbors from the room, (by the way, this was the only thing in which I often most signally failed.) I prescribed beef-tea and other nourishing and easily digestible food; if they are accustomed to coffee, let it be weak and with much milk, etc. The result of all this was that there was rarely any trouble afterward, as fever, or indigestion of the mother or child, or any other drawbacks of this class.

I ought also to mention that at this period I carefully avoided dissecting rooms and students, also such wards in hospitals where gangrene and other contagious diseases were prevalent, and practised the most scrupulous cleanliness.

Now, Messrs. Editors, my daughter, who married last year, and lives in a distant city, was lately confined. She was treated medically, and it may be useful to many a young practitioner to peruse the following extract from a letter she wrote as soon as she was able. I hope it will induce many, for the good of the profession, not to do likewise.

"How I was dosed! After my first labor-pains had stopped, and I felt much relieved, the Doctor said he did not want those pains to stop, as nothing but some blood had passed; so he gave medicine to bring them on again. After delivery I had a great many pains, but the after-

birth would not come. The Doctor took a piece of it away with the forceps, and the other piece came by itself that night. Next day I was very well, and he prescribed vaginal injections, and I took medicine to stop the flow, and afterward something to make me sleep, which caused me much headache; therefore, next I got something for the same purpose, without the opiate. Also a purple mixture to put in the water for new injections, and as this did not stop the flow quick enough, muriate of iron for the same purpose. Are not these injections at such a time during the natural flow highly injurious? I believe so, and do not care what the M. D's say. I also believe that a woman at such a time does not want much besides good nursing and nutritious food, and an M. D's supervision and prompt assistance in case of an emergency. Next I took pills of opium and belladonna, which brought on a terrible spasm in the passage, so that I could not pass a drop of urine. As I have a tendency in that direction, certain remedies are especially injurious to me, but the Doctor did not know this, so he could not help it; but his next prescription of quinine and strychnine we threw away. Subsequently I had hemorrhage of the bladder, and now I am taking a turpentine mixture for this trouble."

This is a sample of treatment which I am, however, happy to say many physicians have abandoned; but as some still adhere to it, as well as to bloodletting, antimonials, etc., I ask: Is it a wonder that people lose their confidence in drugs, and their faith in M. D's, and that some ignorant quacks and humbugs flourish, whose only merit is, that they do not interfere with the great *vis medicatrix naturæ*. V.

N. Y., Feb. 15, 1868.

Mammoth Cave.

Editors Medical and Surgical Reporter:

In the Reporter of Jan. 4, I took occasion to correct what I considered as erroneous views which had been published by an *anonymous correspondent*, purporting to have been the results of the observations of Dr. H. Ralls Smith, of Chicago, upon the permanent inhabitants of the Mammoth Cave of Kentucky. It was not to be inferred from the original publication, that Dr. Smith indorsed any of the statements set forth by the anonymous writer.

My remarks, therefore, could not be construed into a criticism upon Dr. Smith, or his observations, as the latter appears to receive them in his letter to the Reporter of Feb. 8th. But should he imagine that he has cause to feel aggrieved, I take this opportunity of begging his pardon and disclaiming all intention of personality.

Dr. Smith's remarks about "egotism," etc., are not deserving of any notice, further than to say that it is a pitiful resort for evading a statement of his alleged "scientific observations."

Dr. Smith now accepts the statements of the anonymous writer as his own; and in doing so, it is astonishing that he should have attempted a "reply" to my letter which omitted altogether the subject matter at issue.

I stated in my letter, that such naturalists as Professor Agassiz and Wyman had published, several years ago, in *Silliman's Journal*, the results of their observations upon the fishes of the Mammoth Cave, and that they had recorded as the conclusions arrived at, that all the species of the blind fishes have rudimentary orbits; and Prof. Wyman (*Silliman's Journal*, March, 1854) distinctly states that the blind fishes have the organ of hearing more largely developed than the fish that possess the organs of vision.

I have not made any examinations myself of the organs of fishes, but have accepted the views of Professors Agassiz and Wyman, as published, as possessing more weight than the unsupported assertions of an anonymous newspaper correspondent. That correspondent told the public that Dr. H. Ralls Smith had made "*a variety of interesting and scientific experiments*," which went to show that these eminent naturalists were in error; and being occupied on the subject at the time, and of course feeling a very deep interest in it, while objecting to the propagation of the views of the anonymous writer, I respectfully called upon Dr. Smith to publish, over his proper signature, what the character of his experiments were, if any, and what results they led to. No one could have been more astonished than myself at the kind and style of answer received.

I again call upon Dr. Smith to publish the "Observations" which will confute the assertions of the Professors before named. It is a matter of general interest, and one in which I feel particularly concerned, as I am anxious to procure information from all sources, with the view of perfecting still further the "design" which Dr. Smith thinks so "egotistical," "to give a more complete account of this wonderful curiosity, (Mammoth Cave,) scientific and general, than was ever given to the public."

This may not be so difficult to do, when it is remembered that no general account exists, so far as I am aware. I trust Dr. Smith will aid me in my "design," as it will afford me great pleasure to give a place to his scientific observations.

We will not dispute at present whether "flies, gnats, moths, spiders, centipedes, lizards, mice, men, women, and children, etc.," as Dr. Smith

catalogues them, are or are not *permanent* inhabitants of the Cave; or whether, as he states, "they all journey toward heaven occasionally."

We are seeking information; and hope that Dr. Smith and others who may possess any facts regarding the Mammoth Cave or its inhabitants, will communicate them.

W. Stump Forwood, M. D.

Darlington, Md.

Producing the Sexes at Will.

[We are requested to insert the following letter, "whether we approve or disapprove" of it—and cheerfully do so, without note or comment.—Eds.]

Editors Medical and Surgical Reporter:

Your correspondent "G." on the subject of producing the *Sexes at will*, says, that in *numerous instances* that have come under his observation, Professor Thury's theory has proved correct. These observations were, of course, confined to the human subject, for he adds that whenever coition has taken place, from two to six days after the cessation of the menses, girls have been produced, etc. I would like to inquire of G. what course he pursued in order to ascertain these facts; how he made these numerous observations of the sexual intercourse between men and their wives; for there is not one decent woman among my acquaintance that would not regard it as the grossest insult to be questioned by G., or any one else, on the subject of coition and sexual intercourse with her husband, and the questioner would soon be shown the door, with very possibly the weight of the husband's foot in his rear to hasten his exit.

That cannot be a very desirable state of society in which topics like these can be introduced into ordinary conversation, and any woman that enters into, or listens to such talk, must have laid aside the modesty of virtue. G., however, thinks it a subject of much interest to us all, and in this I agree with him, but in a sense precisely opposite to that in which he regards it. It is of much interest to us all, that this sort of useless and demoralizing speculations be kept out of journals intended for general circulation. I have, for instance, been in the habit of leaving the Reporter on my table in my office, and I have seen ladies take it up and look over its pages, but if such articles are admitted, I shall feel morally bound to keep it carefully out of sight.

If this is a matter of such universal interest as G. affirms, and the method of producing boys or girls at will is discovered, why not make it universally known, by publishing it in all the newspapers in the land, adding to it that other discovery that was long ago made, or said to be, of getting *beautiful* children? Although Darwin said this last was of too delicate a nature to be unfolded to vulgar eyes, that was mere fastidiousness, let the discoveries go together under this caption, "The true method of begetting beautiful male or female children at will." Perhaps this course would improve the population of the country, and promote the interests of virtue and religion.

To conclude, every intelligent person knows that from the beginning of the world to the present time, there has ever been nearly an equality of numbers between the sexes; and this being an incontrovertible fact, it shows that all the time bestowed upon such speculations as those we have been considering, and which your correspondent thinks so vastly important, are useless, and I think, beyond controversy, degrading to the dignity of woman and the sacredness of marriage.

E. P.

Rhinebeck, N. Y., Feb. 20, 1868.

News and Miscellany.

—— Hypodermic Injections of Morphia, to the number of two hundred weekly, are employed in the cancer wards of the Middlesex Hospital.—*N. Y. Med. Record.*

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

Arden—Ward.—Feb. 18, at Trinity Chapel, N. Y., by Rev. Dr. Higbie, Thomas B. Arden, of Ardenia, and Anna M., daughter of Dr. Thomas Ward, of New York city.

Brinkley—Horsey.—Feb. 13, by thd Rev. J. M. Crowell, D.D., H. F. Brinkley, of Somerset co., Md., and Ada W., second daughter of the late J. B. Horsey, M.D., of Newton, Worcester co., Md.

Keil—Hart.—Feb. 11th, by Rev. Fletcher Hypes, Mr. Jacob H. Keil and Miss America Hart, daughter of Dr. S. Hart, of Camden, O.

Sherk—Humphreys.—Feb. 19th, by Rev. Dr. R. W. Henry, Dr. J. Henry Sherk and Maggie R. Humphreys, both of this city.

DIED.

Card'eux.—In Utica, N. Y., Feb. 5th, of consumption, Mary Rosanna, wife of Dr. J. N. Cardieux, aged 29 years, 2 months, and 11 days.

Gates—Feb. 12th, in this city, Leila Ada, only daughter of Dr. W. H. and L. Kate Gates, aged 2 years and 5 months.

Hepburn.—In this city, Feb. 19th, infant son of Dr. Charles W. and Frances E. Hepburn.

Huber.—At his residence in Lancaster city, Pa., Feb. 15th, 1868, Dr. John F. Huber, late Brevet Lieut.-Col. and Surgeon, U. S. Vols., formerly in charge of U. S. A. General Hospital at Hilton Head, S. C., aged 31 years.

Manchester.—In Pawtucket, R. I., Feb. 15th, Amelia Ames, wife of Dr. C. F. Manchester, in the 58th year of her age.

Neff.—In Huntingdon, Pa., Feb. 21st, Dr. H. K. Neff.

Yardley.—In this city, Feb. 24, Ella J., daughter of the late Thomas H. Yardley, M. D.

OBITUARY.

Sir David Brewster.

Sir David Brewster, who died in England on the 10th instant, at the age of eighty-seven years, was born in Scotland; studied divinity; became editor of the *Edinburgh Encyclopœdia* in 1808, and was elected a Fellow of the Royal Society of Edinburgh. During the next ten years he studied optics, publishing his work on "New Philosophical Instruments" in 1813, and making several useful discoveries. In 1819 he assisted in establishing the *Edinburgh Philosophical Journal*, and, some time after, the *Edinburgh Journal of Science*.

During the later years of his life he was one of the editors of the *London and Edinburgh Philosophical Magazine*. He also contributed many articles to the reviews, and to the "transactions" of scientific societies. His best known works are the treatises on "the Kaleidoscope" and on "Optics," the "Letters on Natural Magic," and the "Life of Sir Isaac Newton." His books were not, however, his only contributions to science. He invented the kaleidoscope and a lens which has proved very useful in lighthouses, and also made valuable discoveries in the polarization of light.

Sir David certainly had no reason to complain of the ingratitude of the world to men of science. In 1807 he was made a doctor of laws by the University of Aberdeen; the next year obtained his Fellowship in the Royal Society of Edinburgh; received the Copley Medal of the Royal Society in 1815, and soon after became a Fellow of that august body; in 1816 received a grand prize from the French Institute, of which body he became a Foreign Associate in 1849; in 1819 received the Rumford Medals from the Royal Society; in 1831 he received a decoration from the King of Hanover, and the next year was knighted by William IV. At the time of his death he was a correspondent of the Royal Academies of Russia, Prussia, Sweden, and other countries, and a member of every scientific Society of any importance in Great Britain.—*N. Y. Evening Post.*

Surgeon C. H. Page.

Assistant Surgeon Charles H. Page, of the flagship Hartford, Asiatic Squadron, died aboard ship in the Japanese waters, December 24, 1867. Surgeon Page was a native of New Hampshire, but was appointed from Massachusetts, where his family resided, He entered the service in February, 1863, and, with the exception of six months, has been on sea service since.

Dr. John Davy.

The *Athenæum* notices the death of Dr. John Davy, the younger brother of Sir Humphrey Davy, aged 78, at Ambleside, where he had sojourned since he returned from the medical department of the army. He was able to continue his important chemical researches nearly to the time of his death, and communicated papers to the Royal Society in the course of last year.

METEOROLOGY.

February.	10,	11,	12,	13,	14,	15,	16.
Wind	N. W.	N. W.	N. W.	S. W.	N. W.	S. W.	N. W.
Weather	Clear.	Clear.	Clear	Clear.	Clear.	Clear.	Clear.
Depth Rain							
Thermometer.							
Minimum	20°	7°	5°	14°	12°	11°	22°
At 8, A. M.	18	13	15	23	20	27	34
At 12, M.	20	20	31	37	35	37	36
At 3, P. M.	20	21	31	37	35	42	39
Mean	19.50	15.25	20.50	27.75	25.50	29.25	32.75
Barometer.							
At 12, M.	30.5	30.4	30.5	30.3	30.5	30.2	30.3

Germantown, Pa. B. J. Leedom.

PHILADELPHIA

SUMMER SCHOOL OF MEDICINE.

ROBERT BOLLING, M.D.
JAMES H. HUTCHINSON, M.D.
H. LENOX HODGE, M.D.
EDWARD A. SMITH, M.D.
D. MURRAY CHESTON, M.D.
HORACE WILLIAMS, M.D.
GEORGE C. HARLAN, M.D.

The Fourth Session of the Philadelphia Summer School of Medicine will begin March 1st, 1868, and will continue until October.

Clinical Instruction will be given from the first of March to the first of October.

Lectures and Examinations will take place daily during April, May, June, and September.

EXAMINATIONS.

Anatomy, Chemistry, Physiology,
Surgery, Materia Medica, Obstetrics,
Practice of Medicine.

OPERATIVE AND MINOR SURGERY—Lectures, and Demonstrations of Bandaging and Dressing of Fractures upon the Manikin and of Surgical Anatomy and Operations upon the Cadaver, by H. Lenox Hodge, M.D.

PERCUSSION AND AUSCULTATION IN DISEASES OF THE LUNGS AND HEART.—Lectures and Clinical Examination of Patients, by James H. Hutchinson, M. D.

MICROSCOPE.—The structure of the Microscope, and the manner of using it, will be explained, and the microscopical appearance of the tissues and fluids in health and disease will be exhibited by Horace Williams, M.D.

URINARY DEPOSITS AND TESTS.—Students will be instructed in the microscopical and chemical examination of the Urine, and will be enabled to make themselves familiar with the necessary manipulations, by James H. Hutchinson, M. D.

MATERIA MEDICA.—Lectures by Robert Bolling, M. D.

DISEASES OF THE EYE.—Lectures upon the Anatomy, Physiology, and Diseases of the Eye, by George C. Harlan, M. D.

DISSECTIONS AND SURGICAL OPERATIONS may be practised by the members of the class.

THE SOCIETY OF THE MEDICAL INSTITUTE meets once every month.

CLINICAL INSTRUCTION.

Pennsylvania Hospital.—The advantage of attending the Lectures, Operations, and Clinical Examinations at this important hospital will be secured without charge.

Episcopal Hospital.—Drs. Hutchinson and Smith will take the class through its well-arranged wards, so that by the bedside disease may be accurately studied.

Children's Hospital.—Much of a physician's practice being among children, it is essential that their various disorders should be seen by the student. Drs. Hodge, Hutchinson, and Cheston will, during the session, have charge of the numerous out-door and in-door patients of this establishment, and will offer every facility to the class.

Dispensary for Diseases of the Heart and Lungs will be conducted by Dr. Hutchinson in connection with his lectures.

FEE FOR THE WHOLE COURSE, FIFTY DOLLARS.

OR ANY PART MAY BE TAKEN SEPARATELY.

OFFICE STUDENTS will be received by Drs. Bolling Hutchinson, and Hodge, for the whole or part of a three years' course of study. They will be admitted to the Summer School and to the Winter Examinations, and Clinical Instruction will be provided for them at the Pennsylvania, Philadelphia, Episcopal, and Children's Hospitals. They will be given special instruction in the Microscope, Practical Anatomy, Percussion and Auscultation, Practical Obstetrics, Bandaging, and Operative Surgery. They will be enabled to examine persons with diseases of the heart and lungs, to attend women in confinement, and to make microscopical and chemical examinations of the urine.

WINTER COURSE OF EXAMINATIONS will begin with the Lectures at the University of Pennsylvania, in October, and will continue till the close of the session.

Candidates for Admission to the Army and Navy, and those desiring promotion to a higher grade, may obtain private instruction.

Fee for Office Students (one year), $100.
Fee for one Course of Examinations, $30.

Class Rooms, No. 920 Chestnut Street.
Anatomical and Surgical House, College Avenue.
Apply to H. LENOX HODGE, M. D.,
N. W. corner Ninth and Walnut Streets,
574— Philadelphia.

THE

MEDICAL AND SURGICAL REPORTER.

No. 575.] PHILADELPHIA, MARCH 7, 1868. [Vol. XVIII.—No. 10.

Original Department.

Communications.

OBSERVATIONS ON THE NATURE AND TREATMENT OF DISEASES OF THE EYE IN CEREBRO-SPINAL MENINGITIS.

By Laurence Turnbull, M.D.,
Of Philadelphia.

Having had sent to me a number of cases of blindness, the result of this formidable disorder, for my opinion and treatment when too late, I have endeavored to give the subject my careful attention, as well as consult the results obtained by others, more especially those abroad, and have given them in this paper, in hope that the eyes of a few may be saved by timely and proper treatment, for I find that unless properly treated in the early state, no after treatment is of much avail.

The following history of the first case was received from her physician, who sent her to me at the Howard Hospital on May 21st, 1867.

"Ida I., aged two years and five months, the little girl about whose sight you are consulted, has had 'cerebro-spinal meningitis,' or what is called 'spotted fever.' I was first called to see her nine weeks ago last Thursday, and found her in convulsions, shortly after which I noticed the spots upon the breast and upper part of the body. They gradually extended to the extremities, and entirely disappeared in a few days. The cerebral and febrile symptoms did not disappear with the spots, but continued, being sometimes better and sometimes worse, until the fourth week, when gradual recovery commenced, excepting the sense of sight, which has not improved. During the greater part of the time, there was evidence of congestion (passive) of brain and upper part of spinal marrow, for which I applied blisters to back of neck, temples, etc. I have neither time nor space to write the whole management of the case, but it generally required supporting treatment, whilst counter-irritants of the strongest kind were used to the surface of the body and extremities, sometimes the febrile symptoms were so prominent as to require special notice."

It will be noticed that no special attention was given to the eyes. If anything was done, it is not stated, and I desired special information.

Objective examination: Bright child, able to talk; peculiar staring expression, pulse natural.

Subjective examination: No action of light on the eyes, cornea clear, iris natural, no unusual dilatation of pupil.

Ophthalmoscopic examination. On throwing the light of a kerosene lamp into the eyes by the small mirror, there was seen a white reflection from a mass of lymph, while the iris appeared rugged and uneven. On testing by the catoptric examination, there was only one image seen, and that from the reflection of the cornea. The iris remained fixed under the full rays of light from the lamp. There was no doubt in this case that there had been acute and rapid choroiditis, with effusion as a consequence of this. The capsule of the crystalline lens had become opaque and the pupil blocked up with exudation of lymph. It will be readily understood how blindness must almost inevitably ensue, if the proper measures are not adopted.

May 9th. At the solicitation of the mother, the child was placed under an alterative treatment with solution of atropia, but no hopes were given of any improvement in its condition, for we had no doubt that had we been able to see the retina, there would have been found lymph or effusion of serum separating it, as in another case which we exam-

ined, where the whole tissue of the eye was softened and swollen.

Conjunctivitis has been frequently observed, and is recorded as of constant occurrence in some epidemics abroad. The *cornea* is stated to have been often the seat of inflammation, but in none of the cases which I have seen has this been a prominent symptom. The pupil may remain, as in my first case, quite normal, or in others very much contracted, dilated or oval. The *anterior chamber* is sometimes found partially or wholly occupied by lymph, pus, or serum.

In all cases of "post-febrile ophthalmia," examined by me, the *retina* only is inflamed, and this is the most important time to test the patient's vision, as there is little or no pain.

The irritation and injection speedily spread to the short and long *ciliaris*, to the vessels of the ciliary process, and to the sclerotic net work; and in proportion as these vessels become inflamed, so the iris, the lining membrane of the cornea, the crystalline capsule, and the hyaloid, show signs of being implicated in the disease.

Case 2d. The particulars of this case were taken from the notes of a distinguished physician and physiologist, and will show the great importance of attention to the first symptoms of blindness or impaired vision.

I. E. P., aged five years, considered healthy, good color, and fat, but not robust, was attacked with fever, in October 1866, and required three weeks constant attendance before convalescence. Had inflammation of the left eye, which the physician treated with mild applications, and after a certain time it subsided. The Doctor did not at that time examine the iris or pupil, nor notice that it was contracted. The child recovered slowly. The parents were not aware that the child was blind in that eye, until they tried him by placing before his left eye a favorite bird which had died, and he took no notice of it, but when it was placed before his right eye, he gave a cry of distress; this was in January, 1867, when they sent for their physician, who found him deaf, and blind of the left eye; he placed him upon the use of iodide of potassium, with solution of atropia with careful exercise and nourishing diet; this they continued to use until April, when I was sent to see the case in consultation, and received the above statement from the physician.

Objective examination: Walk of boy irregular, as if the spine was weak, active movement of good eye; left eye, cornea hazy, pupil very much contracted, with posterior synechia to be seen, looking like a false cataract.

Subjective examination, with ophthalmoscope mirror: Color of iris changed, with adhesion between the edge of the pupil and capsule of the lens, when the eye was fully dilated by a strong solution of atropia, nothing was seen but a mass of grayish lymph filling up the posterior chamber, and preventing the mirror from rendering anything else visible.

Objective examination of the ear: So deaf as not to hear the human voice, but can hear a sudden concussion of air, if the hands are struck together, or a whistle.

Subjective examination of the Ear: Contracted meatus, opaque membrana tympani, no perforation, but little cerumen; cannot hear my watch over the mastoid process. Continued treatment of pro-iodide mercury, atropia, counter irritants, and quinine, for several months. General health much improved, and some improvement in the hearing, but none in the vision.

Three out of five cases of diseases of the eyes following "cerebro-spinal meningitis," reported by Mr. Wilson,* resulted as follows, when both eyes were affected: In No. 1. "with the left eye the boy reads small type, whereas with the right he can only see larger objects.

No. 2. Right eye only affected in this case; not treated by Mr. Wilson, and right eye is quite blind.

No. 3. Right eye attacked; not treated by Mr. Wilson; globe collapsed about a month after the eye was first attacked.

Nos 4 and 5. They both recovered; and he states as a remarkable feature in all these cases, that the right eye was the one affected. This is also my own experience, that one eye only is affected in the majority of cases, and

*Dublin Quarterly Journal, No. LXXXVI. May, 1867. Page 302.

that is the one which has been exposed either to cold or light during the fever. Mr. Wilson states that the disease most frequently met with, and most fatal to vision in the epidemic in Dublin, was acute and rapid choroiditis, with effusion, and he is inclined to attribute that condition to metastasis, similar to what he had seen in puerperal fever, and other hygienic affections, where not only the eye, but the joints and other localities were the seat of inflammation. The only local remedy that he found of service, was the sulphate of atropia in solution, which should be employed twice or three times a day. As far as the general treatment is concerned, it should be similar, or subservient to that adopted for the original malady.

Opium has been found highly efficacious in some of the continental epidemics, and he has seen it produce the most beneficial results.

The treatment of "ophthalmia post-febrile" is local depletion, calomel, with opium. Dilatation of the pupil, with belladonna or atropia, blisters to the temples and behind the ears, mild purgatives, regulating the diet with care, and careful protection from cold.

The recovery is always tedious, in the majority of cases, requiring the care of the physician for two months.

CONTRIBUTIONS TO TOXICOLOGY.

By P. H. Vander Weyde, M. D.,

Late Professor of Chemistry and Toxicology in the New York Medical College.

(Continued from p. 117 of this volume.)

No. 14. Sulphuric Acid.

The antidotes against this powerful acid are, (as for all other acids,) any of the alkalies; this is, of course, universally known. I suggest, however, the facts, that in case we give an alkali, which forms with the sulphuric acid an insoluble sulphate, like lime or chalk, we fill the stomach with a large quantity of a very indigestible substance, plaster of Paris, and when we administer magnesia or carbonate of soda, we form the strong cathartic solutions of Epsom salts or Glauber salts; therefore I recommend an emulsion of soap-suds, milk of lime, and magnesia, with a solution of carbonate of soda; we form then only partly an indigestible compound, which the cathartic will assist in removing from the system by the natural channel. Of course, a dilution with water and use of the stomach-pump ought to be added to this treatment.

No. 15. External Injuries by Sulphuric Acid.

William A., aged 19 years, an assistant in my laboratory, had the imprudence to carry a bottle of sulphuric acid home in his pantaloons pocket; it broke when nearly reaching his house, where he applied a solution of caustic potassa in order to neutralize the acid. This remedy, of course, made matters worse; it did execution in many places where the acid had not touched the parts. It was not until three weeks after the injuries that I obtained knowledge of the facts, and found the patient in great suffering, weak, unable to move, the extensive wounds suppurating, and no healthy inflammatory action going on. Externally, a free application of nitrate of silver to the whole surface of the injured parts, and internally, good tonic treatment, restored him in five or six weeks to perfect health.

I have found that cold water, applied in large quantity, is the best remedy against external injuries by sulphuric acid; when soon enough applied, it makes the acid entirely harmless. I once, after having prepared a galvanic battery for an evening lecture, washed my hands in a porcelain basin which I supposed to contain water; the peculiar smoothness of the skin, perceived when rubbing the hands together, attracted my attention, and then I perceived that I was washing them in strong sulphuric acid; quickly I plunged them in the water tank, kept them under the hydrant, and not the least trace of injury manifested itself. Keeping the water tank filled in the laboratory any time that practical operations are going on, or keeping cold water on hand in any locality where the least possibility exists that it may be wanted, cannot be too highly recommended. When water is wanted, its want is usually urgent, and no substitute can take the place of this most useful compound.

No. 16. Potassa Compounds.

Some German journals expressed lately the opinion that potassa compounds are per-

nicious to the human system, and even poisonous when compared with those of soda. Without going so far as to call them decidedly poisonous, it strikes us, that when we compare this opinion with medical experience in general, and with our own experience in particular, we find that there is at least so far a foundation for it, that the soda compounds, in most cases, are to be preferred.

It is well known that *sulphate of potassa* has acted sometimes as a poison. (See *Amer. Jour. Med. Sci.*, N. S. vii., 88.) I believe it is now principally used in veterinary medicine, and also in very small doses in such preparations as Dover's powder, to promote the thorough trituration of soft pasty masses by its natural hardness and grittiness. Every physician prefers the *sulphate of soda* as a more gentle, certain, and uniformly acting cathartic.

Nitrate of potassa was abandoned by me for *nitrate of soda*, which I found preferable in all cases; for instance, in a cough mixture I prescribed and found it very useful in a great variety of cases, consisting of *nitras potassæ*, *ext. liquorice*, and a few drops of *tinct. opii* and *tinct. sanguinaria*, (of course, dissolved in water in relative quantities adapted to the symptoms and constitution of the patient.) I substituted the *nitras sodæ* for that of *potassæ*, with decided beneficial results.

Iodide of potassium, the specific for that kind of periodical rheumatism which is the result of secondary or tertiary syphilis, produces, when taken a long time, red eruptions on the skin. *Iodide of sodium* is free from this objection.

Before the art was discovered to make soda from common salt, potash compounds were more abundant and cheaper than those of soda, and a *bicarbonate of potash* was sold under the name of *saleratus*. Our present salt of that name is, however, *bicarbonate of soda*, and acknowledged to be much healthier for baking and other purposes, than the *bicarbonate of potassa*.

When *chloride of potassium* is substituted for *chloride of sodium*, or common salt, in our domestic economy, eruptions of the skin appear, which probably are nothing but an indication of an effort of nature to expel the potassa, which is not essential to the economy, nor to the digestive process, as modern physiology has proved that the *soda* is. The last substance is always contained in most of the glandular secretions, even when we abstain from the use of any of its compounds; in this case it is re absorbed in certain parts of the digestive apparatus, and the same soda, in combination, used over and over again in the successive digestive operations.

If space did not forbid, I could mention many other particulars why soda compounds are, in general, to be preferred above similar compounds of potassa.

HOSPITALS.

BRITISH, FRENCH, AND AMERICAN:

To which is appended a Glance at the British Islands, France and America, Ethnological, Climatic, and General, etc., etc.

By Edwin R. Maxson, M.D.,

Author of Practice of Medicine, etc.
Of Philadelphia.

[Continued from p. 193.]

London Hospitals.

The hospitals of London, of which I shall give a passing notice, are Guy's, King's College Hospital, University College Hospital, Westminster, Bartholomew's, the National Hospitals for Epileptics and Paralytics, the Children's Hospital, and, finally, the London Hospital; and in the order in which I have named them.

And, first,

Guy's Hospital.

This extensive, and deservedly reputable hospital, occupies a low situation, on the south side of the Thames, between Blackfriar's and London Bridges, not far from the river. And, while its site is low, and its surroundings crowded, Guy's hospital has many advantages; among which I may mention its substantial structure, good arrangement, excellent museum, attentive nurses, gentlemanly residents, and very able corps of visiting physicians and surgeons.

This hospital has a general variety of dis-

ease, medical and surgical; as well as an extensive class of *skin diseases* under the very judicious care of Dr. Fagg. *Typhus fever* appeared to predominate; though scrofulous, tuberculous, neuralgic, and a vast variety of chronic affections are on hand; as well as many passive inflammatory diseases, of a less chronic character. And I noticed among others, cases of albuminuria, exophthalmia, etc. Dr. Moxon, a gentleman of deservedly high standing there, showed me a case of *popliteal aneurism*, cured by pressure upon the femoral artery, kept up for twenty-four hours, by the fingers of students, taking turns. The clot was perfect, and the tumor without pulsation, leaving no doubt as to the result.

The surgical treatment at Guy's is decidedly conservative and judicious; Drs. Cock and Forster operating with dexterity and apparent care; chloroform being administered by the large oil silk or gutta percha bag, containing the anæsthetic, with a due amount of air; the invention of Dr. Clover, of London. But while I liked the surgery, I was not particularly pleased with the mode of administering the chloroform, preferring, from all I could discover, the folded napkin to this apparatus, as being decidedly more convenient, and less formidable in appearance.

Patients here are well *nourished*, as in Scotland; milk, with broths, egg, toast, etc., being freely allowed; and the medical treatment, though very conservative, is generally judicious. I could not help thinking, however, that quinine or extract of bark, with the nourishment, might arrest, or very much cut short the numerous cases of typhus, and even the few of typhoid fever; and, also, that more local bleeding, or counter-irritation, with the nourishment, and in some cases the quinine, in the pneumonia and pleuritis, as it occurs there, might, in many cases, hasten the resolution of pneumonia, and lessen the frequency of pleuritic effusion in pleurisy. Of this however, I cannot be certain. I am quite certain, however, that I should modify the treatment in that direction, were the cases under my care, and compare the results.

Drs. Moxon, Eastes, Fagg, Forster, Cock, and others there, treated me with great politeness; in fact, with a degree of cordiality I had hardly expected in a large London Hospital. This, however, was my first, but not the last happy disappointment of this character, while visiting the London hospitals. *Carbolic acid* was being introduced into Guy's, after the manner of Professor Lister, of Glasgow, and with apparent good results.

King's College Hospital.

This hospital, though not large, is well located, being on the North side of the Thames, upon an elevation of ground, opposite King's College, close by the strand, and about half way from St. Paul's Cathedral to the Houses of Parliament. The building, though by no means magnificent, is still very convenient, and well arranged; commanding some of the best medical and surgical talent in London; among whom I may mention Drs. Ferguson, Johnson, etc. The residents, Drs. Smith, Todd, and others, gave me every attention, as did Professors Johnson and Ferguson, the latter having the general supervision of the surgical wards, as appeared, and Johnson of the medical. Professor Johnson is doing much with the laryngoscope; and I noticed, that in his instructions to his numerous class, he advised them particularly, and as I thought very judiciously, when about to use the laryngoscope, to be sure and keep the patient very *quiet*, to have the *breathing* continued naturally; and to be sure and have a good *light* in a darkened room; important precautions, too often overlooked, and of course rendering the observation more or less imperfect. Dr. Johnson is Professor of Practice of Medicine in King's College, I believe.

The only criticism I could offer in relation to the treatment of the numerous cases in King's College Hospital, is their failure to use, as it appeared to me, sufficient local depletion or counter-irritation, in local inflammatory affections; and especially in pleuritis, even though general tonics with good nourishment might be required, as is doubtless very generally the case. I was led to this reflection, in my own mind, in consequence of the great frequency of pleuritic effusion, of a very troublesome character, following pleurisy in their cases; little more than a leech or two

being applied, in many cases, as appeared; which I should think could do little or nothing towards subduing the inflammation, and thereby preventing effusion. It is possible, however, that my remedies for local depletion or counter-irritation, might utterly fail in their cases, of averting these very unpleasant results. I would try them however; increasing, if necessary, as a consequence, with the nourishment, the stimulants and tonics.

King's College Hospital, however, is an excellent one; its resident and visiting physicians and surgeons being second to none, in my opinion. The hospital, too, has a long list of illustrious names, that have been an honor to our profession throughout the world.

University College Hospital.

This excellent hospital, in connection with the University of London, is very pleasantly situated on a rise of ground, North of the Thames, and about a mile North-westerly from the Houses of Parliament. It is an airy, cleanly, and well arranged and conducted hospital; having, as appeared to me, a better class of patients than most of the London hospitals. Dr. Fox, to whom I had a letter from Professor Bennett, treated me very politely, and I was very well pleased with the treatment pursued in the medical and surgical cases; and especially so, to find the method of my friend, Dr. Swinburne, of New York, for treating fractures of the thigh, in use there, and highly approved. As, however, my observations here were somewhat limited, on account of time, I will not attempt to particularize. I saw enough of it, however, to satisfy me that it is a first class hospital, and admirably conducted, by able, efficient, and first class physicians and surgeons, gentlemen in every sense of the word. Dr. Squarey deserves honorable mention, in connection with this hospital. He treated me, as did also Dr. Fox, with the greatest politeness and kindness.

Westminster Hospital.

Westminster Hospital is the oldest in London, I believe, being situated at West End, near the Houses of Parliament, and but a short distance from Westminster Bridge; and though well built and arranged, it is not very capacious, accommodating, I should think, from one to two hundred patients. Many out patients are, also, prescribed for there, as I noticed.

Though the situation of this hospital is not very elevated, the surroundings are good, and the usual variety of cases, medical and surgical, were, as appeared to me, above the average, in the London Hospitals. Its walls are colored a *sky blue;* an experiment for relieving the eyes of the patients, as they lie facing them; and I was assured that the relief was very considerable, as one might readily suppose.

Among the physicians and surgeons I met in this hospital, were Sir Duncan Gibb, Radcliff, Holthouse, Anstie, and Buzzard, besides residents; all of whom treated me with great politeness and even kindness, Dr. Radcliff taking me in his carriage from the hospital, to show me West End, the palace, parks, residences, etc.; and kindly offering to do anything he could for me while in London.

Sir Duncan Gibb is doing a good work with the laryngoscope. And I was pleased to find the treatment of inflammatory affections more in accordance with my own views, than in most of the other hospitals; and, as appeared to me, with better results. In fact, some of the able physicians in this hospital, concurred with me, in the opinion that they were, very likely, too much on the extreme in trusting so exclusively to nature, for the cure of disease; and, especially, in certain inflammatory affections. I suggested to them *leptandrin,* as a laxative, cholagogue, and alterative, as I had in the Royal Infirmary of Glasgow, in neither of which had it been in use. And, I may say, that Drs. Leishman of Glasgow, and Buzzard, of London, were both, apparently, very anxious to become acquainted with its therapeutic virtues, the former administering some, which I gave him, with apparent good effect, while I was there.

I must say, in conclusion, that my recollections of the physicians and surgeons of Westminster Hospital are of a very pleasant character. And I regard the treatment of its

cases, medical and surgical, as inferior to none in London.

St. Bartholomew's Hospital.

Bartholomew's Hospital is very pleasantly situated on a rise of ground North of the Thames, between Blackfriar's and London Bridges, and near St. Paul's Cathedral; thus making it nearly opposite Guy's on the South side, as we have seen.

Bartholomew's, though its surroundings are crowded, is a splendid building, and well arranged; being, also, the largest as I believe, and best endowed hospital in London. Many *out* patients, I noticed, were prescribed for here. The *class* of cases in Bartholomew's appeared as good as an average in London; and the variety, of course, as great or greater. Dr. Ure, a resident, was very free to admit the superiority of the "American method" of treating fractures of the thigh, which they have adopted, most of their cases being treat ed by Dr. Swinburne's method of pully and weight; but some, or one at least, by Dr. Nathan Smith's, as I noticed, with which he also appeared quite well pleased.

Dr. Farre, one of the principal among the visiting physicians, and well deserving all the reputation he enjoys, at home and abroad, was very kind to show me the medical cases of interest; and I could find no fault with his prescriptions. All his treatment appeared based upon sound common-sense principles. For *lead poisoning* he used iodide of potassium; and, when attended with paralysis, followed with strychnia; and, as appeared, with very good success, as might be expected. In *epilepsy*, the Dr., in addition to such other treatment as may be indicated, keeps the back of the head wet with cool water, for the purpose of contracting the blood-vessels of the cerebellum, as he informed me. He uses, also, the same application in *delirium tremens*, and for a similar purpose. And I must say, in conclusion, taking everything into account, that Bartholomew's is the best hospital in London, if not in the British Islands.

National Hospital for Epileptics and Paralytics.

I visited this hospital, situated between Bartholomew's and Westminster Hospitals, though considerably to the north, by special invitation of Dr. Radcliff of the Westminster, who, with Dr. Ramskill, of the London Hospital, may be regarded as having the principal supervision. It is well situated and arranged for the class of cases that it contains; its surroundings being also good, in a part of Queen's Square.

Epileptics are treated here on general common-sense principles, the general and local derangements being corrected as far as possible; and then the bromide of potassium, in fifteen or twenty-grain doses, three times a day, is perhaps more frequently resorted to than any other remedy, and as appeared, with a measure of success. I would prefer, however, the bromide of ammonium of the two, from what I know of their effects.

Paralytics are also treated in this hospital on general principles, the patients being required to take such exercise as may tend to bring volition to bear upon the paralyzed muscles; or in case of inability, to have it done by the nurse; the patient, of course, doing all that is possible to assist; thus accomplishing, as I have done, very much in the recovery of partially, or even totally paralyzed limbs. *Electricity* is also brought to bear in many cases, with more or less success. I will only say in conclusion, that *chorea*, which is also admitted here, appears to be very generally treated with cod-liver oil, which is doubtless an excellent remedy in their hospital cases. I would have added, however, in many of the cases, the *blood* tonic, carbonate of iron, the *nerve* tonic, oxide of zinc, with, in some cases, the *gastric* or *intestinal* tonic, rhubarb, combined, of each equal parts, in moderate doses, three times a day.

Children's Hospital.

The Children's Hospital, near Queen's Square, and not far from the National, has seventy-five beds, all for children; and they are well filled. The resident, Dr. Williams, a perfect gentleman, was at great pains to show me the cases, many of which were of interest. It was here that I had the best opportunity of examining the imperfection of the *incisor* teeth of children hereditarily syphilitic. The incisors in such cases

being often not only very imperfectly developed, but also generally at a little distance apart.

The cases are well treated in the Children's Hospital, and perhaps more nearly in accordance with my own views, than in any other I visited in London. What pleased me most here, however, was to see the little ones, with a board across their cribs for a table, and a cup of milk, with such other nourishing food, as each might require. All, however, had the *milk*. And the way they appeared to relish it, should satisfy any one that it was clearly indicated. In fact, my mind still loves to linger on that scene. But I must proceed to consider the last I shall mention here of the hospitals of London.

The London Hospital.

The *London Hospital*, very well situated on the north side of the Thames, to the northeast of the Tower of London, north of the London Docks, and about three miles easterly from St. Paul's Cathedral, is one of the best in London, having about four hundred beds. Many out-patients are also prescribed for, including diseases of the eye and skin, the latter by Dr. Lawrence, and, as appeared to me, very judiciously; the ophthalmoscope being used as a means of diagnosis in the ophthalmic cases, and with a degree of accuracy I have seldom noticed anywhere. *Oxide of zinc*, I noticed, was often used locally in various cutaneous eruptions of a vesicular character, by Dr. Lawrence, and apparently with good effect, as I have often used and seen it used in this country.

The *milk* nourishment is used to the full extent in this hospital; and all the residents, who treated me with the greatest politeness, as well as Dr. Ramskill, visiting physician, assured me that they were well satisfied with its effects. Other varieties of nourishment are, of course, added; however, in many, and perhaps most of the cases, as indicated, very much in accordance with my own notions on the subject, as already freely expressed.

Dr. Ramskill, who is doubtless one of the very best physicians in London, being, as I have already stated, one of the physicians to the National Hospital for Epileptics and Paralytics, showed me a very interesting case of *abdominal hyperæmia*, apparently involving all the abdominal viscera and structures—such a case as I do not remember to have seen before. This case, with two cases of *loose kidney* that I saw and examined in Edinburgh, one with Sir James Simpson, and the other in the Royal Infirmary, I regarded as new to me, and they must be, I think, quite rare.

I saw at the London Hospital also, one of the worst cases of *chorea*, the patient being a man, that I never met with, and as Dr. Ramskill very politely asked me what to do for him, I prescribed a mixture of equal parts of carbonate of iron, oxide of zinc, and rhubarb; to commence with six grains three times a day, and gradually increase; morphia, which he had been taking, I believe, on his own responsibility, and all other remedies, except cold to the back of the head and neck, to be discontinued; the latter being, as I believe, Dr. Ramskill's prescription, that would not interfere with my remedies. Twenty days after, on my return from Paris, I was surprised and highly gratified to find the patient wonderfully improved, so as to be up, rolling bandages with a machine; whether the result of my prescription and remedies, that had been faithfully given, or in spite of them, I cannot say. My opinion is, however, that while my medicines helped him, the *stopping* of the opiate, which, as I learned, was faithfully done, did more to effect the very great improvement, by lessening the cerebro-spinal congestion and derangement. It matters not, for the patient was almost frantic with delight, giving all credit to my remedies; with which, in fact, I have never failed in effecting a cure in such cases that I remember, though not so *rapidly*.

I cannot close my account of this excellent hospital without again referring to the very great politeness to me of all the residents, and Dr. Ramskill in particular. They invited me to lunch with them in the hospital, on their fine bread and butter and excellent English milk, and extended to me many kind favors, upon which my memory delights to linger; and as this completes my account of

the London hospitals, I am happy to say that the treatment I received in them all, as well as in those of Scotland, was worthy of the noble men, of a noble profession, by which they are conducted.

Liverpool Hospitals.

The *Royal Infirmary* of Liverpool is all that I will mention in this city. It is quite well situated, and, though not very extensive, is well arranged, and apparently well conducted. *Hospital gangrene,* however, was fearfully prevalent when I was there, which cast a gloom over all their best directed efforts. They had been unsuccessful in their attempt to introduce carbolic acid, and I learned from the resident and visiting physicians, who were very kind to me, that the same gangrenous tendency prevailed at that time throughout the city, which fully accounted in my mind, for their unfavorable condition. For I could not detect any *local* cause, either in the location or surroundings, or management of the hospital, whereby to account for it.

(To be continued.)

CASE OF ERECTILE TUMOR OF BOTH EYELIDS.

By J. S. McClelland, M.D.,
Of Crawfordsville, Ind.

The article in No. 4, Vol. xviii. of the Reporter, on Cirsoid Arterial Tumors, with the operations of M. Gosselin, induces me to forward the following.

A girl, aged 10 years, was brought to my office in May, 1867. The left eye was surrounded by an erectile tumor, which, when she was excited, filled with blood, apparently to bursting. The upper eyelid, which was one-third the size of a common hen's egg, hung down over the eyeball, while the outer half of the lower lid rose up to meet it, as large as an almond, both together covering the ball and obscuring vision. By pressing away the blood, the vessels of the conjunctiva were shown congested and enlarged, some of them a line in diameter. There was a pouching of the left temple, of a dark purple hue. By steady pressure, the blood could be almost all pressed out of the tumor, leaving a redundancy of tissue, but it would immediately return when the pressure was removed.

The tumor was noticed a few days after birth. When first observed, it was the size of a pea. It had enlarged slowly but steadily, until within the last few months, when it had grown rapidly. I tried various means to compress the vessels, and used numerous expedients to check the growth, without avail. Finally, I concluded to try the injection of Monsel's solution with the hypodermic syringe. I had never seen such a case, and could not find in my library any guide or instruction, and of course, ventured on the operation with some degree of fear for the result. I diagnosed the tumor to be partly venous and partly arterial.

On inserting the point of the syringe, the struggles of the patient caused the tumor to become injected to its fullest capacity, and also caused me to inject more forcibly, and a greater amount of the solution than I intended. (I commenced with the lower eyelid.) The result was an almost instantaneous hardening of the lower lid, which turned a grayish stone color. The syringe being jerked out of the lid by the sudden struggles of the patient, and no serious result appearing, I sent her home, with directions to report in five or six days.

She reported on the eighth day, when I found the entire coagulated mass still firm, but surrounded and loosened by ulceration. By a very little manipulation, I removed it entire. There was a slight hæmorrhage, easily checked by the solution of the persulphates. The edge of the lid was intact, and I drew it down over the ulcerated cavity. In two weeks this lid had healed.

I then commenced on the upper lid, inserting my syringe at the internal edge of the eyelid (opposite to the side whence comes the supply of blood.) The injection was made more steadily, but about one-third of the tumor hardened almost immediately, and the per sulphate solution regurgitated through the wound made by the syringe. I therefore desisted for the time. Ulceration came on, and this coagulated mass was removed. I waited

a few days, and then repeated the injection with about the same results.

Suffice to say, in less than three months, and after six different injections, the entire morbid mass was removed, the eyeball became normal, vision perfect, and the only present deformity is a slight discoloration of the eyelids. The tumor in the temple still remains, but is so much reduced in size and color as to be scarcely noticeable.

ARCTIUM LAPPA—BURDOCK.

By J. Adolphus, M.D.,
Of Hastings, Mich.

This article of the materia medica is better known to housewives than to physicians. But few practitioners place any confidence in its remedial virtues, and consequently no attention is paid to it by a majority of them.

But few of our indigenous remedies are, however, of much more value. *Burdock is one of our most valuable alteratives in cutaneous diseases.* There is no question that it is far superior to sarsaparilla in this respect. I place no confidence in the burdock as a diuretic or absorbent. As a remedy for skin diseases it stands pre-eminent. I have cured the worst cases of lepra, herpes and porrigo, with a syrup made from the root and seeds, an ounce of each bruised and tinctured in ℥viij. dil. alcohol, then strained, and the residue boiled in a pint of water for half an hour, and the strained liquor when cool added to the tincture, and made into a syrup, with one pound of white sugar; a teaspoon to a tablespoonful taken three or four times a day, according to the age. A case of obstinate and long continued acne was cured in this way. The patient has been well of the disease ever since.

Some years ago, a man of 40 consulted me in reference to a small ulcer on the alæ of the left nostril, which he said had been there for fourteen months. It was lupus. He had been treated by two eminent gentlemen with the ordinary remedies for this disease. I put him forthwith on the burdock syrup. He continued it for nine months, and recovered. The ulcer finally healed. All who saw the case pronounced it lupus. In all the scabby eruptions, as well as the vesiculæ and pustulæ, I place unlimited confidence in the burdock; It seldom disappoints me. It must be remembered that it must be persisted in till the cure is effected. It is often an advantage to unite a tonic, such as the golden seal, with the burdock, when the appetite is deficient. We seldom see cases where the bitter tonics do not come in well as admirable aids to the process of cure. I frequently order a simple decoction of the root ℥j. to water Oj. and ℥j. or two taken at a dose, three or four times a day.

For the cutaneous diseases of children, we have nothing within the whole range of the materia medica that equals the burdock. Porrigo we all know to be a rascally stubborn disease, and often defies our best and most studied efforts.

I cannot recal a case where the burdock has failed, when I have had sufficient influence with the mother of the child to induce her to persist in the remedy. In these cases I prefer the syrup.

In the scaly eruptions I prefer the decoction of seed and root, and taken in diluted doses. Lepra and psoriasis are frequently obstinate, but the burdock seldom if ever fails, if faithfully used. Frequently the remedy will act upon the bowels, and become troublesome in this respect. In such event combine it with some astringent, as cranesbill, tagalder or kremara. I have frequently found that such inconvenience is best overcome by stopping the remedy for a while, then recommencing with it in small doses, and gradually increasing them to the full. The tincture answers best in such cases.

Academy of Medicine, Paris.

M. Ricord, in taking his place as President of the Academy of Paris, sums up the losses by death and gains by election of the Academy. Jobert, Trousseau, Follin, Velpeau, Rayer, Petroz, Guibourt, Jadioux, Civiale ("who knew," he said, "how to *attach* his name to the first surgical conquest of modern times"), and Lagneau, are among the losses. Barthez, Chauffard, Demarquay, Gueneau de Mussy, Hardy, Hérard, Legouest, Mialhe, and Vigla, are the recruits.

Hospital Reports.

Pennsylvania Hospital,
February 12th, 1868.

Clinic of J. M. Da Costa, M. D.

Reported by Dr. Napheys.

Emphysema of the Lungs.

Ellen R., æt. 50; admitted on the 14th of December. She was always in good health until two years ago, when, after exposure, she had a severe attack of bronchitis. She was treated, and recovered almost entirely. But she was still troubled with an occasional cough, aggravated by cold or damp, with whitish sputum. In the winter of 1866–67 she had a severe attack, probably asthmatic in character. She remained in fair health after this attack until August, 1867, when an aggravation of the symptoms of cough and difficulty of breathing caused her to be admitted into this hospital. After she had been treated some time, she left considerably better. She returned in December last, very much in the condition in which she is now. Her respiration is always more or less labored. The expectoration has diminished within the last week.

On looking at her, she presents a healthy aspect to all appearances, with a well developed chest, extremely resonant on percussion. On auscultation, no râles are perceptible this morning. The respiratory murmur on one side is feeble, with prolonged expiration; at other portions of the lung it is harsh. There is no cardiac difficulty.

There is at present very little bronchial trouble. The great clearness on percussion, the feeble inspiration, and prolonged expiration, are all indicative of emphysema. More or less bronchitis would be indicated by râles; but just now, her cough being better, there are few râles, and the bronchitis does not at present form a prominent element of the case. The asthmatic seizures constitute a very prominent feature. She complains that always at night she is attacked with difficulty of breathing attended with wheezing.

Atropia is now being used internally, to ascertain whether, by keeping her under its influence, the bronchial spasm, the shortness of breath, will be materially modified. There being so little bronchitis, the element of bronchial catarrh is for the present excluded altogether in the treatment. As yet, there has been no decided effect produced upon the difficulty of breathing by the persistent use of atropia. She was at first given one-sixtieth of a grain, in granule, twice daily. On account of the great dryness of the throat and the markedly dilated pupil, this was soon changed to one granule in the evening, and now she is taking one-sixtieth of a grain of the sulphate of atropia once a day, in solution. Until it is satisfactorily ascertained whether or not this agent is beneficial, no other will be employed, excepting small fly blisters at various portions of the chest.

In individual cases of emphysema the treatment ought to vary with the amount of bronchial catarrh and with the indication more particularly to be fulfilled. That line of treatment ought to be followed which will more especially break up what at the time being is the more troublesome symptom, the modification of the emphysema itself being kept secondarily in view.

Latent Typhoid Pneumonia with Exudation in Kidney.

Alex. W., a seaman, of healthy family, was admitted into the hospital on the eighth of this month. He gives the history that he had an attack of pleurisy in the winter of 1866, from which he recovered perfectly. On the last day of January, 1867, while on board ship, he was seized with vomiting, headache, and severe watery diarrhœa, which continued for four or five days. On the third or fourth day he found that his respiration was impeded, and that he had severe stitches in the side, but there was no marked cough nor expectoration. He had medical attendance at once, and the diarrhœa was stopped. When admitted into the hospital on the evening of the eighth inst., it was noticed that his face was flushed, his skin hot and dry, his tongue covered with a brownish dry coat. There was evidently considerable obstruction to respiration, but the cough was so trifling that it would almost escape observation, nor was there any evidence of expectoration. His pulse was 100, his respirations varying between 28 and 32, and his temperature 102. It was also noticed that there was more or less dulness on percussion over the whole of the right lung, with a distinct, blowing, tubular breathing over the lateral portion and toward the angle of the scapula, while the breathing anteriorly was harsh. The voice was well transmitted. Therefore, there were evidences of consolidation of the right lung, in the dulness on percussion, the harsh respiration becoming tubular and blowing at the lower portion, and in the increased vocal vibrations, as perceptible alike to the ear and the hand. Nor could there be any doubt, from the history of the case, that it was an attack of acute consolidation. It was a case of pneumonia marked, as

regards the physical signs, almost latent with respect to the cough and expectoration considered as symptoms of the disease. Nevertheless, the flushed face, the hurried breathing, and the high temperature, were all points which well coincided with the condition of the lungs, as revealed by physical diagnosis. There was also a typhoid element pervading the case, as shown by the dry tongue, the tendency to diarrhœa, and the somewhat swollen abdomen.

This was not, however, all in this case; a remarkable series of phenomena was observed with reference to the urine. During the first day of admission the urine was not particularly examined, but when this was done, in accordance with the habit which prevails in this hospital of examining the urine in every case, a state of things was found which no skill could ever have suspected. It was found pale, clear, slightly albuminous, and of the low specific gravity of 1010. Under the microscope, it presented a most marked illustration of the shedding of casts from the kidney. Each field of the microscope presented very many of these highly granular tube casts, with the epithelium also very granular.

Surveying the phenomena as they exist this morning, his face is still flushed; pulse 62; respirations 20; temperature 98 1-5. Therefore, the febrile phenomena are rapidly disappearing. Specific gravity of the urine 1011. The man is weak, and his pulse, though not accelerated, is very compressible. The dulness on the right side of the chest anteriorly has materially lessened. It still exists posteriorly, near the angle of the scapula particularly, but not to so marked a degree as it existed three or four days since. The auscultory sounds are now typically those of pneumonia in the stage of resolution; there is crepitation on inspiration, with blowing respiration and increased vocal fremitus still remaining. The tongue is much moister than it was, and covered with a white coat. There has been no diarrhœa since he has been in the hospital. The abdomen is somewhat full, but there is neither tenderness nor eruption. The urine has to-day very nearly the same character as described.

He has been treated chiefly with turpentine, a treatment which, however useful with reference to the pulmonary symptoms, will be now stopped, because, in view of the known condition of the kidney, it would not be judicious. He has been taking six grains of quinine per day, and fifteen minims of turpentine with a few drops of deodorized tincture of opium every third hour. The quantity of whisky administered has been only two ounces in the twenty-four hours. Turpentine applications have also been made to the chest.

This is a very curious case indeed. There is a kidney affection undoubtedly, and one which cannot be presumed to be simply that slight congestion which may occur in cases of pneumonia, and of fever, and which, in some instances, is even associated with the presence of albumen in the urine. The highly granular casts and epithelium are here indicative of exudative process in the kidney, with changes taking place in the cells. It is very interesting, pathologically, to look at the connection between the pneumonia and this state of the kidney, and to inquire whether there is not the same morbid condition in the kidney as in the lung. This seems to be the only rational solution to the case.

Taking into account the absence of blood in the urine, for none has been found in several examinations, and the low specific gravity of the urine, it would appear that the morbid process first commenced in the kidney. Tube casts were found from the first examination of the urine that was made. As regards the history of the case bearing upon this curious kidney complication, the patient states that he has never had dropsy, nor has there been the least evidence to him of any kidney affection. He has not been obliged to get up at night to pass water, nor has there been frequent micturition during the day. Another point of interest is the very small amount of albumen in the urine, so slight as to be scarcely perceptible.

This case teaches the importance of examining all the secretions in any acute disease. It also shows how very latent kidney troubles may be, and how utterly impossible is their recognition, except by minute chemical and microscopic examination. In reference to the microscope, it points out the value to the physician of studying the exact character of tube casts in the urine. It is not unusual in acute disease, fever, pneumonia, and cases of obstructed circulation, to find tube casts in the urine. But these tube casts are not then so granular, or if granular, the epithelium has not undergone the granular degeneration. It is conceivably possible that there may be granular tube casts from simple obstruction of the circulation, but the epithelium itself is never granular to a marked degree, unless there is degeneration of the cell structure taking place.

In point of treatment, the turpentine must be stopped. Evidently his secretions, as regards the tongue and the alimentary canal, are improving under this treatment, and evidently, also, it

has been useful in reference to the lung. But with a kidney not simply congested, but positively infiltrated, having a condition very like that which exists in the lungs, it would be highly improper to give a remedy for any length of time which is a stimulating diuretic. The quinine will be increased to ten grains a day. His pulse is rather lower than it ought to be. A low pulse, like a very frequent pulse, is an indication for increase of stimulus. With this state of the kidney, however, it is important to avoid too much stimulation. The whisky will, therefore, be increased very slightly, to only three ounces a day. Care will be taken that he has good nourishment, beef-tea, eggs, and milk.

What is the prognosis of this condition? The lungs will recover, they are renewing now their tone, their power of breathing. With reference to the kidney, a much longer case is present. The danger is that chronic Bright's disease will be established. Repeated dry cups will be applied over the kidney. If it were not for the typhoid condition, wet cups would be used.

Medical Societies.

ANNIVERSARY OF THE O. Æ. SOCIETY.

The fourth annual re-union of the O. Æ. Society took place at the Bellevue Hospital Medical College on the evening of the 27th ult. In spite of the very forbidding storm, a large audience filled the lecture-room of the college at the appointed hour. After an invocation by the Rev. Alfred B. Beach, the President of the Society, Dr. Edward C. Harwood, made the following address:

Fellows of the O. Æ.:

We are here assembled this evening, to celebrate the fourth anniversary of our existence as a society. To those in our audience who have come from the busy fields of professional labor, I extend, in behalf of the society, a fraternal greeting. To our invited guests, I say welcome. To the ladies, whose brilliant countenances lend enchantment to the hour, I say welcome, thrice welcome.

Many of our fellows whom we greeted one year ago this hour, have transferred their labors to the scenes of active medical life, and have already begun to build upon the foundation laid under the fostering guidance of our noble Alma Mater, and are pressing on the toilsome road to fame and fortune. The O. Æ., as an institution of our college, bids them God-speed, with a hearty good will.

But many old faces still gladden our hearts, and many new ones have appeared among us, whom we welcome to these classic halls, hallowed by fond memories, and dear to us from past association. Their experience will be as ours, in her cementing friendships, whose memory and influence time nor space shall never obliterate. In the circle of interest which here exists, and under the favorable auspices of a weekly intercourse, in the sharing of each other's hopes and aspirations, we come to know each other better, and esteem each other's excellencies more, while the little failings, incident to human nature, become only peculiarities of character, or are screened from the observation of outsiders with jealous care. The principle, "stand by your friends" is carried out to the last degree, and it is right that it should be so. The warm grasp of the hand, and the hearty salutation which encounter us, form strong and pleasant contrasts to the formal bow, and indifferent greetings of the cold, calculating world, into which we all expect soon to hurl our gauntlets—where before us, with alternately inspiring or depressing effect, loom all the uncertain issues of the conflict, involving success or defeat.

Truly, these are halcyon days—days of enjoyment, but above all, days for improvement. In them we meet the Rubicon of our destiny, in them we make or mar our future: for "man is the architect of his own fortune."

During the four brief years that have elapsed since the organization of our Society, many interesting changes have taken place, both in its members and in our college. It is a fitting time to recall some of the reminiscences which are shared by so many of our members, who are now convened from different parts of foreign countries, and our again happy United States.

The founding of this society was the result of energetic action of three students connected with the class of 1864-5 of Bellevue Hospital Medical College, who wished to organize a society among the students to meet once a week, for the purpose of having interesting essays read, quizzes upon what subject most perplexed them, and to establish that brotherly love and good feeling toward each other, to be ever after remembered through life; also, to bind themselves more closely to their Alma Mater. They met alternately at each other's rooms; but in a few weeks their numbers had so much increased, that they requested the Faculty to give them the use of the little green room of the old college for their

meetings; which request they kindly granted, and in that room many pleasant and profitable evenings were spent. Before the close of the session, the first annual re-union took place, which proved a grand success. Most of the professors honored the society with their presence, and by their pleasing speeches added greatly to the pleasure of the night. Each fellow wore the insignia of our order, which is now widely known throughout this and the European continent.

The second and third years of the society were also of marked success, and the annual reunions were, like the first, very pleasant.

But long before this history of our society was made, our young college became favorably known at home and abroad, as possessing superior facilities for medical education. The founding of our college marked a new era in the history of medicine in our country.

The Board of Commissioners of Charities and Corrections had assumed the government of our public institutions and prisons, and had given the medical supervision of the institutions on Blackwell's Island, with the exception of the Lunatic Asylum, and including the new and magnificent Island Hospital, to the Medical Board of Bellevue. The Board now found itself at the head of the noblest and most extensive hospital establishment in America—one second to but very few in any country—containing in its wards cases of every disease mankind is heir to—counting among its inmates, natives of every quarter of the globe; for, I have seen in its wards, Lascars and Chinamen, Indian mixed breeds, Spaniards from South America, lying side by side with the natives of every nation in Europe, and of every State in the Union. The students of our college have access to these hospitals, and within their wards the book of nature was open; for disease, a consequence of the infraction of *her* laws, is no less a part of God's providence than health.

It was soon learned by those aspiring to enter our heaven-born profession, that at our institution, within a space less than the course of study prescribed by the law of the land, an experience in medicine and surgery could be condensed, that would be more than equivalent to that of the life-long practice of an old time physician. Having such facilities, and an experienced, intelligent and energetic faculty, students were attracted from all parts of our country, and it was found that our college building was too small to meet the requirements of increasing classes, and the commodious building that we now occupy was erected; which affords accommodations, the most ample, and, as regards adaptation to the convenience of medical teaching, leaves nothing to be desired. This building will remain a fitting monument to the memory of the wisdom of the Commissioners, and the energy of our Faculty, who inaugurated the system of bedside, with that of didactic instruction in medicine.

It may not, on an occasion like this, be improper, and I trust I may be assured of your indulgence when I do it, to refer quite briefly to some of those who were foremost in their efforts to promote the best interests of our college and society.

Among this number was one, who in the first years of its existence and for some time after, was one of the Commissioners of Public Charities and Corrections, and who, during the whole of his life, was honored with some of the highest and most responsible of our municipal offices. Himself of a thoughtful mind and liberal intelligence, he devoted his best energies and efforts to the establishment and support of this school. There are many now present, who will feel that in saying what I have, I am but doing an act of well deserved homage to the memory of a most worthy and excellent man when here, and in this presence, and with all the sincerity of which my heart is capable, I pronounce the name of Simeon Draper.

I should do violence to my own feelings, and injustice to this audience, if on an occasion like this, I failed to refer to one whose name is recorded upon a tablet in this building, as our first Professor of Anatomy. No public occasion can soon occur which in its reminiscences carries us back to the history of our school, which will not demand an honorable mention of the name of Timothy Childs.

Among those for whom we have been called to mourn of late, is Dr. J. King Robinson, from California, who graduated March, 1865, and settled at Salt Lake City. As a student and a physician, his character was blameless, his aims high, his motives pure:—as a friend he was kind and genial, generous and constant. Dr. Robinson was known to have spoken in terms of disapprobation of the system of Mormonism, and for this reason was cruelly butchered by the Mormons one dark night, while on his way with two of them, in answer to their call, to treat a patient with a fractured limb.

One of our original three, Dr. George D. Stanton, is now at Stonington, Connecticut, in the successful practice of his profession. Another of them has an inglorious record that I would not refer to, but for our own protection as an organi-

zation. He has proved false to his most sacred vows, and a traitor to his Alma Mater, and it has been declared by our order that he is unworthy a fraternal greeting from us, and his name has been forever stricken from the roll of the O. Æ. Society.

It now remains for me to speak of one more of our charter members, whose record bears a striking and pleasing contrast from that of the former. I allude to Dr. Charles A. Leale, who, immediately after leaving college, passed his examination as Assistant Surgeon, United States Volunteers, and was appointed executive officer of one of the largest hospitals in Washington, and, on the night of the assassination of President Lincoln, was the first to be admitted to the box, where he had been shot by the foul hand of the assassin; was requested by Mrs. Lincoln to take care of him; removed the coagula from the opening in the skull, where, if it had been allowed to remain a few moments longer, would have produced death then and there in the theatre; who had charge of him till the Surgeon-General arrived; who remained with him till his death, then knelt down around that sorrowful death-bed while a most solemn and impressive prayer was offered to God for the bereaved family, and our afflicted country.

His name will be connected with our history as a nation, by several large oil-paintings representing the Death-bed Scene, he being one of the group, caring for him whom the people so much loved.

Dr. Leale remained in his country's service for nearly a year after the close of the war, until the hospitals in Washington had been closed; then returned to New York with a Brevet Commission for faithful services, and, completely prostrated in health with typho-malarial fever, contracted while serving on camp duty in Virginia, he made a visit through England and France, and returned to his native city where he settled, and is now in the successful practice of his cherished profession.

One of our ex-presidents is now practicing in the neighboring city of Newark, and of late has been chosen to the responsible and honorable position of Secretary of the Medical Association of that city—a fitting compliment to true professional merit. The energy and zeal that he manifested in behalf of our order, while holding the position of executive officer, is well known to most of our fellows. I allude to Dr. George R. Kent.

There are others among the living and the dead, to whom I would be glad to refer, but I fear that in these extended references, I am trespassing too far and too long upon the golden hours of this golden evening.

This Society partakes of the character of all regular County and State medical organizations, in an eminent degree: its membership is made up of moral, intelligent and energetic students and practitioners of medicine, who are admitted to fellowship after passing a certain form of examination. Our meetings occur every Thursday evening, when a paper upon some medical topic is read and discussed—thus bringing all minds in the body into exercise.

It is designed, as soon as it can be found practicable, to establish other societies like this, in all medical colleges throughout the Union, and thus unite medical students into one common brotherhood, to seek each other's interests, and promote the welfare of our profession: and we hope that this will not only become a national affair, but that it may be extended to all parts of the globe where medicine is taught.

The object in view is worthy of every exertion that can be put forth to attain it. The debate is to the mind what gymnastics are to the body—an admirable means for promoting the most useful discipline, and securing the completest development.

The habit of speaking in public is of the greatest benefit. Its advantages are by no means confined to the legal profession. Many a physician, who, amidst the responsibilities of active life has a worthy message to deliver, fails in impressing the people with its importance through lack of early training, which would have taught him to arrange his ideas in a manner calculated to produce the strongest effect. Another shall steal the hearts of the people through the beauty of his eloquence and the charms of his manners; while he who possesses at once honesty of purpose in a good cause, and mental powers under complete training, is sure to be a leader and helper in the advancement of the multitudes, whom he sways at his will.

The higher the degree of culture, the more evident does it appear that the best rules for expression, whether by voice or pen, is to declare the idea in as few and simple words as possible. "Brevity and discretion are the secrets of strength."

The wide spread of knowledge in these days, and the rapid progress indicated for the future, make it incumbent upon every physician, who would leave the impress of his convictions upon his generation, to employ every means of enlarging his medical resources. The time has gone

by, when physicians can boast of their ignorance; few, and remote from the influences of the age, are those people who are indifferent to the educational needs of their physicians.

A noble field is now lying open for our members, in the great questions which are being called up by the exigencies of the times, and in which are contained alike the greatest dangers and the highest advantages of our future as a profession.

The increasing quackery, and venders of cures for all ills that flesh is heir to, are now beginning to be apparent to all minds; the various disturbances in the social system, which already demand the necessity of more enlighted opinion, and wise legislation on many points; the increased interest given to medicine and surgical matters, by our own recent experience of war;—in a word, the fresh and vigorous struggle for freedom, which is agitating the whole world, in every department of thought and action, is really a sufficient incentive to the fellows of the order to acquire every art and grace, that make them fitter exponents of the best public sentiments, and more faithful guides to still greater achievements in professional knowledge.

In the present age medicine is aided by other sciences, which now, more than ever, have become its proper auxiliaries. Its students are among the strong men of the world. Its origin, in a country famous in all history; whose institutions, government and military heroism are the admiration of the world; whose poets and orators are themes of ours of the present day—deathless in their fame—whose sculptures are models of our own—often imitated, never equalled;—the cradle of all that is eloquent in art, the home of learning, the nursery of freedom.

It was at this period that the master mind arose, under whose guidance medical knowledge assumed its rank as a science, prominent among the institutions of that age of learning.

That medicine had an existence previous to the age of Hippocrates, and that its doctors were conspicuous men in the age in which they lived, it were vain to deny. The beginning of the medical art was considered by the ancients as something divine, and the memory of a great benefactor of mankind was preserved by shrines and temples. Thus, there were in Greece four temples to Esculapius, where were tablets, upon which were inscribed the names of those healed, and their maladies, with the genealogy of the patient, the cause of the disease, and the means of cure. These temples were occupied and attended by the priest-physicians, men of elegant and enthusiastic minds, who taught and practised the system as it then existed, consisting only of the results of their observations, together with the tablet records left by the patients themselves.

Here allow me to correct a popular misapprehension, which accuses the regular practice with having fixed rules and routines of remedies. On the contrary, every agent proved to be of value, is eagerly seized, whether of earth, air or sea;—vegetable, mineral, aquatic or ærial, and its virtues published to the world. All other systems of practice are partial or exclusive,—purely vegetable, homœopathic, hydropathic, or hygienic; while the legitimate profession adopts any or all of these, that due investigation has approved.

Comparing the regular practitioner of medicine with all others, who have been the greatest discoverers in medical science? who are the great chemists and botanists? who are the surgeons of highest reputation? who have opened the sealed box of Anatomy, Physiology and Pathology, explained their mysteries, and translated their language? who have discovered and introduced the valuable resources of Materia Medica and Therapeutics?—who but the regularly educated physician? All exclusive systems are based upon distorted echoes of some of these discoveries.

Now, my Fellows, in conclusion, I wish to extend to you my grateful thanks for your many kind indulgences, and hearty support, extended to me while presiding over the interesting deliberations of our cherished order during the past year, which has been one of steady and uniform prosperity. To my official successors, whose high personal character and fine talents render them eminently worthy of the position they have attained to, I bid them God-speed in a work which is hard and laborious, yet, just in that proportion, is it glorious. May joy and gladness fill our hearts on each returning anniversary of the O. Æ.

Prof. Doremus followed in a very eloquent address; with vivid and gorgeous diction he described the laws of eternal progress, as developed in the study of astronomical and chemical science. Ten years ago it was thought that astronomy was a perfect science. But during these years the chemical structure of the sun has been discovered, and now we have a new department in astronomy, that of stellar chemistry, and are therefore but in the beginning of astronomical science. We cannot say of any

science that it is perfect. It is only within the last hundred years that we have been permitted to apprehend something concerning the laws of heat, light, and electricity. And what shall we say of the human body? Ah! you know its bones, its muscles, the intricate channels through which courses the crimson tide of life, but can you tell me how your daily meal is transmuted, by a power far more mysterious than ever alchemist dreamed of, into the tissues of the body? Physiology is only beginning to be a science, it is therefore important that you should be diligent students in this department of science, and ever upon the alert to keep pace with its discoveries. Dr. Doremus closed his address with an eloquent and masterly refutation of the atheistic tendencies of the age.

The remainder of the evening was occupied in responding to the various toasts of the Society in the following order:

Toasts.

1. *Bellevue Hospital Medical College*, response by Prof. Stephen Smith, M.D.
2. *The Faculty*, response by Prof. Benj. W. McCready, M.D.
3. *The Ladies*, response by Prof. B. Fordyce Barker, M.D.
4. *The O. Æ. Society*, response by Philip Woolf.
5. *The Medical Profession*, response by Prof. Lewis A. Sayre, M.D.
6. *The Memory of the Fathers of Medicine*, response by Prof. William A. Hammond, M.D.
7. *American Surgery*, response by Prof. Alexander Mott, M.D.
8. *The City of New York*, response by Prof. William H. Van Buren, M.D.
9. *The Graduating Class*, response by Walter L. Hall.

Prof. Smith being absent, the first toast was not responded to. Prof. Van Buren was also absent, but his place was very ably supplied by Mr. Clarence A. Seward. Prof. McCready's response was the great hit of the occasion; he handled the faculty with inimitable humor, and at the same time, with such delicacy that none could feel offended at his good natured badinage.

Prof. Barker, in his response, regretted very much that he had not that quick conception and easy delivery which his subject demanded; notwithstanding this, he managed to administer, besides the usual compliments to the ladies, not a little wholesome advice to would-be female practitioners. The remainder of the responses was listened to with great attention, and elicited frequent applause, especially that of Professor Lewis A. Sayre, who took high and noble ground for the profession; and at a late hour the audience dispersed, well pleased with the exercises of the evening, and rejoicing at the prosperity of the O. Æ.

At the annual meeting of the Society for the election of officers, the following named gentlemen were elected for the ensuing year:

Philip Woolf, M.D., President, N.Y.
A. U. Hill, Vice-President, N.Y.
D. L. Unger, Secretary, Pa.
Robert Taylor, Treasurer, N.Y.

M.

Philadelphia County Medical Society.

Officers for 1868.—(Corrected List.)

President—Dr. George Hamilton.
Vice-Presidents—Dr. J. Henry Smaltz, Dr. D. Hayes Agnew.
Secretary—Dr. Wm. B. Atkinson.
Assistant Secretary—Dr. L. S. Bolles.
Corresponding Sec'y—Dr. Horace Y. Evans.
Treasurer—Dr. Alfred M. Slocum.
Censor—Dr. Chas. S. Boker.

Northern Medical Association of Philadelphia.

Officers for 1868.

President—Dr. Wm. B. Atkinson.
Vice-Pres't—Dr. E. B. Shapleigh.
Recording Sec'y—Dr. Charles Carter.
Corresponding Sec'y— ——— ———.
Reporting Secretaries—Drs. Lemuel J. Deal and Wm. M. Welch.
Treasurer—Dr. A. M. Slocum.
Counsellors—Drs. Robert Burns, N. L. Hatfield, L. P. Gebhard, Levi Curtis, John Rheim.

Crawford County (Pa.) Medical Society.

At a recent meeting of the Medical Society of Crawford County, Pa., the following officers were elected for the ensuing year:

President—Dr. S. S. Bates, Titusville; Vice-Presidents—Dr. D. M. Calvin, Meadville, and Dr. P. J. Hassler, Cochranton; Secretary—Dr. William Church, Meadville; Corresponding Secretary—Dr. D. Best, Meadville; Treasurer—Dr. D. K. Greenlee, Meadville; Censors—Drs. J. W. Grier, T. F. Oaks, and T. B. Lashells. Drs. J. T. Ray and S. S. Bates were elected delegates to the American Medical Association, with Drs. Lashells and Barr as alternates. Drs. Oaks, Varian, Greenlee, and Calvin, were elected delegates to the State Medical Society.

The Society now numbers twenty-three members.

Editorial Department.

Reviews and Book Notices.

On Chronic Alcoholic Intoxication; with an Inquiry into the Abuse of Alcohol as a Predisposing Cause of Disease. By W. Marcet, M. D., F. R. S. First American, from the Second English Edition. New York: Moorhead, Simpson & Bond. One vol., 12mo., cloth, pp. 178. *Price* $1.50. Received from Lindsay & Blakiston.

Dr. Marcet has for the last twelve years been examining the effects of alcohol upon the human system, and the therapeutic value of the oxide of zinc as a means to counteract these effects when they have reached the point of chronic alcoholism. The results of his investigations have appeared from time to time, in various British medical periodicals, and with great propriety he has now collected his scattered essays, remodelled them, and given them to the medical public in a body. They are well worth his trouble, and contain very many valuable suggestions on the important subject of the abuse of spirituous liquors. To many they will have greater merit, when we add that their author is by no means a "teetotaller." On the contrary, he speaks rather in favor of the moderate use of wines at table; so that the faithful and fearful pictures he draws of the influence of alcohol in predisposing to and exciting disease, come from an unprejudiced pen.

The use of oxide of zinc in this connection, on which he lays great stress, should become more widely appreciated, if it is as successful generally as in his hands. The subject of the work is, unfortunately, one of such wide interest, that we do not doubt but that the volume will have a large sale, as it deserves to have.

Felix von Niemeyer's Clinical Lectures on Pulmonary Phthisis. Translated, by Permission of the Author, from the Second German Edition, by J. L. Parke. New York: Moorhead, Simpson & Bond. 1868. One vol., 12mo., pp. 116. *Price* $1.50. Received from Lindsay & Blakiston.

These lectures are concerned chiefly with the pathology, the symptoms, and the treatment of consumption. The physical signs are not discussed. On the etiology of the disease, the author has his own theory. The condensations and destructions of the lung, which are the most obvious anatomical lesions, he believes are products of inflammatory processes in the lungs, which undergo a caseous metamorphosis. Scrofula, he urges, is only so far a predisposing cause of phthisis as it leaves a pronounced disposition to forms of pneumonia, terminating in caseous infiltration. That the disease can originate independently, as the result of a "diathesis," he pronounces to be an opinion "as irrational as dangerous."

Bronchial hemorrhages, it is pleasant to note, he considers by no means so ominous as most physicians, believing that they not unfrequently occur "in persons who are neither at the time of the hemorrhages phthisical, nor become so later."

He speaks cheerfully of the treatment, saying that it is on a much firmer foundation now than heretofore; for though we have no specific, nor anything like one, yet we know how to administer tried remedies with good effect, since it has been ascertained that the disease is concerned with pneumonic processes, and not a morbid deposit. It will be seen from these few extracts that the little volume repays perusal.

A Practical Treatise on Diseases of Women. By F. Gaillard Thomas, M. D., etc. With 219 Illustrations. Philadelphia: Henry C. Lea. 1868. One vol., 8vo. sheep, pp. 625. *Price*, $5.00, cloth; $6.00, sheep.

This work has long been looked for by the medical public, and we venture to say that it will fully come up to the expectations of the many who have been waiting its appearance. It is systematic, full, practical, and clear. In scope, it is confined to the diseases of the now pregnant woman—to that branch of medical science, which has of late years been known as Gynecology as distinguished from obstetrics.

A number of pages are given to the history of this specialty, which the author mentions almost apologetically. But nothing so impresses upon the mind the actual condition of our knowledge of a science, as an acquaintance with its often slow growth, and with its condition in previous generations. If medical education paid more attention to medical history, there would be less time lost in galvanizing old ideas and theories into life, under the impression that they are new.

The arrangement of the work does not materially differ from others on the subject. An interesting chapter is that on "The etiology of Uterine Diseases in America," where the author rapidly enumerates various evils of our society, resulting disastrously to the female portion of it. The various operative procedures on the female genitive organs are given with minuteness, and the instruments required are described and illustrated. The diagnosis of the various disorders, is also specified with a care and clearness satisfactory in the highest degree.

The cuts are well printed, and the type of the text is of good size and easy to the eye.

Medical and Surgical Reporter.

PHILADELPHIA, MARCH 7, 1868.

S. W. BUTLER, M.D., & D. G. BRINTON, M.D., *Editors.*

THE SCIENCE OF ANTHROPOLOGY.

It is but recently that there has been any talk in the United States of a science of Anthropology. As the word denotes by its derivation, it is the science which has for its object the study of *man*. So has the science of medicine, and it is well to understand where these two closely allied streams of human knowledge diverge, and where they blend into one and pass over common ground, where they unite in their pursuits and where they differ in their aims.

Anatomy and physiology, pathology, what we call state medicine, mental physiology and pathology, even the study of disease, all these departments of investigation are common to both. But while the physician and anthropologist unite in devoting time and attention to these subjects they do so with different ends in view. The former applies the knowledge thus gained to cases of disease, and he limits the application of his knowledge to individuals. The latter, on the contrary, seek to draw from the facts collected the laws of the growth and life of the various races of men and of man himself. The natural history of the species is his object, and he pursues it both as a physician and a historian. All those isolated facts which the practice of medicine in its widest scope strives to bring to bear upon individuals have an equal interest to the devotee of this sister science, but not that they may be practically applied in given instances, but that through them the laws which control the destiny of the race and assign it its place in the realm of organic life may be defined and proven.

Anthropology goes further. It takes up the historical monuments of the race, the achievements which in all times and places man has performed, and studies them, not as does the historian, that from them may be learned the law of progress, but that by them may be ascertained the specific differences between man and brute. It also concerns itself with the mental portion of our common nature. It examines the passions and emotions in their various developments, the faculties of speech, reasoning and imitation, and finally lays much stress on the religions of humanity, those curious and universal notions of a Creator, a soul, and an after-world, which in some obscure and as yet inexplicable manner have taken fast hold on the imagination of mankind.

Man in his normal condition and in his multifarious relations is the object of the anthropologist's study. In London and Paris, societies have been formed and are in active operation for the purpose of promoting this study, and in Germany, more than one journal has been commenced as a medium of intercommunication between those who feel an interest in its progress. On that branch of it which deals more especially in the mental phenomena of man as a species, should especially be mentioned the "*Journal of Ethnic Psychology and Philology*," (Journal für Völkerpsychologie und Sprachwissenschaft,) edited by Professors Lazarus and Stendthal, containing many most valuable articles. The "Globus," published under the supervision of Karl Andree, whose works on America give him a deservedly high position, devotes considerable attention to culture as an element of humanity. But the Archiv für Anthropologie, published at Brunswick, with the co-operation of some of the most distinguished anatomists and natural historians of Germany, attracts especial attention by its admirable essays on anatomy and physiology. The first two volumes of this admirable journal printed on beautiful paper in large, clean (Roman) type, is before us. The titles of some of the articles will show the drift of the researches which occupy the time of its contributors. There is from Dr. Alexander Ecker, an article "On a characteristic peculiarity in the form of the female skull and its significance in comparative anthropology;" Dr. A. Weisbach communicates a very careful essay on "The relative weight of the brain in the different nations under Austrian rule, in relation to height, age, sex and diseases;" the subject of "Scientific Craniometry," is discussed by Professor Krause, of Göttingen;

"The position of the head of the humerus with reference to the elbow joint in Europeans and Negroes," is examined by G. Lucae; and Carl Vogt contributes a long and learned essay on "The mikrocepali, or Ape-men;" full, as most of his essays are, of materialism and keen observation. Besides these there are a number of articles on the primitive history of our race as it is unfolded in the barrows, tombs and lacustrine dwellings, which of late have so excited the interest of the learned in Europe, and in a less degree in America.

These minute and laborious researches for which we as a nation have but little talent, and what is more unfortunate, little appreciation, we may be assured, will in time be productive of great and unlooked for results. After all, man is the only entirely worthy subject of study for man, and only when faithful observation has collected abundant facts from all portions of his many sided nature, are we prepared to speak intelligently of his origin, his character, or his destiny. For such observation the eye of the anatomist and physician is necessary, and it were well if once in a while we are reminded of this higher sphere in which we can employ our thoughts and perceptions.

INCREASED PROVISION FOR THE INSANE.

A memorial was presented from the Medical Society of the State of Pennsylvania to the present Legislature, setting forth the number and condition of the insane in this Commonwealth, and requesting the erection of a hospital for the northern and eastern counties, and if the finances of Pennsylvania will permit, of a hospital for the southeastern counties. The committee of the Society, composed of such eminent physicians as James King, of Pittsburgh, formerly Surgeon-General of the State, and others, estimate the number of the insane in the State at 3500, of which, 1500 are in asylums, 500 in the alms-houses, leaving 1500 entirely unprovided for. This approximation is certainly understated, and an accurate census would disclose a much larger number of these unfortunate sufferers.

We are glad to observe that a bill has passed finally, establishing an additional State Insane Asylum for the Northern district, the entire cost not to exceed two hundred thousand dollars, one-fourth to be drawn this year.

In New Jersey, also, a movement has been made for additional accommodations for the insane in the northern part of the State. The Legislative Committee on the Lunatic Asylum of that State, acting on the suggestion of the Superintendent, has recommended that steps be taken for the establishment of an additional institution in the northern or eastern section of the State, and ask an appropriation of $20,000 toward carrying out the object in view.

Notes and Comments.

Family Records.

An admirable form of Family Record is about to be published by Dr. John H. Griscom, of New York. It is entitled, *The Biographic and Photographic* Family Record, *arranged for recording in detail the Personal Incidents of each Member of the Family.*

The first page, besides containing the record of the names, birth, marriage, etc., of both husband and wife, and a space for the photographs of each, to be inserted at several different ages, is arranged for recording the name, date, and place of birth, and death of the parents and grandparents of each, including three generations. In addition to which there are spaces for recording other incidents in the life of each.

The remainder of the volume is appropriated to the records of the *descendants* of the first-named parties, an entire page being devoted to each, containing the name, date, and place of birth, with space for five photographs, at different ages; also for the character and period of whatever diseases they may have had, and the height and weight at different ages, with the schools, occupations, and other events of their lives. An additional blank page for each child enables the parents to record whatever other incidents may seem desirable to be remembered.

Rankin's Perpetual Calendar.

Two or three correspondents have called our attention to a supposed error in this work, published in card form and in the Daily Pocket Record from this office. *There is no error* in the Calendar. Observe the directions, which are explicit,

in pointing out how to find the day in January and February of *Leap Years*. There is no difficulty at all with the Calendar, except that in leap years the mode of finding the day for those two months is a little different, for which special directions are given. This is the most perfect Calendar published.

News and Miscellany.

Report of "Germantown Dispensary" for 1867.

[We have received the following report from Dr. Thad. L. Leavitt, the Attending Physician.—Eds.]

No. of applications for medical advice,	1086
" prescriptions furnished,	1103
" patients treated at office,	314
Adults,	183
Children,	131
Males,	108
Females,	206

Diseases of brain, 2; thoracic cavity, 39; alimentary track, 110; generative organs, 16; skin, 34; eye and appendages, 13; ear, 2; nervous system, 9; blood, 53; surgical and miscellaneous, 32; fractures, 3; dislocations, 1.

Results—Cured,	280
Relieved,	20
Discharged,	3
Remaining under treatment,	5
Died,	2

Cause of Death.—Phthisis pulmonalis—adults, 2;—male, 1; female, 1.

Nationality of applicants.—American, 153; Irish, 113; English, 42; German, 5; Scotch, 1.

White, 305. Colored, 9.

Three of the "out-door Physicians" have reported 180 cases attended at their homes.

Cured, 162; relieved, 9; died, 14; remaining, 5.

Medical College Commencements.

Cincinnati College of Medicine and Surgery.

The commencement exercises of this institution were held Friday afternoon, Feb. 21, at three o'clock, at the College Building, southwest corner of Longworth Street and Central Avenue, the exercises having been opened by Prof. B. S. Lawson.

Prof. Harper, of Woodward College, President of the Board of Trustees, after making some interesting and appropriate remarks, proceeded to confer the degree of Doctor of Medicine on the following gentlemen: W. H. Clutter, Illinois; R. R. Hopkins, Ohio; J. T. Cozad, Ohio; L. V. Welch, Illinois; J. C. Patchel, Ohio; Tobias Nagle, Ohio; J. M. Carter, Indiana; J. B. Summers, Indiana; W. T. Neivil, Ohio; W. H. King, Indiana.

After the degree had been conferred, Daniel Vaughan, M. D., Professor of Chemistry and Toxicology, delivered the valedictory address.

University of Nashville.

At the annual commencement of the Nashville Medical College, recently, the degree of Doctor of Medicine was conferred upon eighty-five graduates. The valedictory address was delivered by Dr. W. C. Bright.

The Pennsylvania College of Dental Surgery.

On Saturday evening, Feb. 29, the Annual Commencement of the Pennsylvania College of Dental Surgery took place at Musical Fund Hall. A large audience was present, and the exercises were of an interesting character. The valedictory address was delivered by G. T. Barker, D. D. S., Professor of Dental Pathology and Therapeutics, and the exercises were enlivened by choice music. The graduates were thirty-one in number.

The Demonstrator's report showed there had been 7533 cases acted on during the session of 1867-'68. The number of patients visiting the clinic was 3968, and of these, operations were performed for 2759 different forms of dental disease. In the mechanical department 157 patients were supplied with artificial dentures, the whole number of teeth mounted for patients being 2040, to which add 438 depositing sets, the entire number of teeth mounted during the session is presented as 2478. M. J. M. Barstow, is the Demonstrator of the institution.

—— Dr. Joseph Perkins, of Castleton, Vermont, whose house was consumed by fire recently, has been presented by the citizens of that place with a purse of $625.

CHANGES IN THE NAVY.

List of changes in the Medical Corps of the U. S. Navy, from February 17th to 29th, inclusive.

Surgeon Samuel J. Jones resigned.

Surgeon M. Bradley detached from U. S. Ship Michigan, and placed on waiting orders.

Surgeon A. B. Judson ordered to the U. S. Ship Michigan.

Surgeon J. D. Miller ordered to the U. S. Ship Wampanoag, and as Fleet Surgeon of the North Atlantic Squadron.

Assistant Surgeon E. C. Thatcher detached from the Naval Academy, and placed on waiting orders.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

Clark—Campbell.—In Chicago, Feb. 20th, by the Rev. Dr. Carver, Dr. John S. Clark and Fannie, daughter of the late William Campbell.

Giddings—Perkins.—In Bakersfield, Vt., Feb. 11th, by Rev. G. F. Wright, Dr. Wm. H. Giddings and Sarah A. Perkins.

Harton—Whipple.—Feb. 20, at the residence of the bride's parents, by the Rev. Kutcherd, Dr. James M. Harton and Miss Mollie Whipple, all of Beaver, Beaver county, Pa.

Kendrick—Byers.—Jan. 13, by Rev. Jesse Wagner, Dr. Henry C. Kendrick, of Lancaster, Mass., and Mrs. Susan A. Byres, of Ipswich, Mass.

Martin—Petit.—In Saranac, N. Y., Feb. 13th, H. A. Martin, M.D., of Highgate, Vt., and Miss Lottie S. Petit, of Saranac.

Paulding—Gerrish.—On Jan. 25th, at the residence of the bride's parents, by Rev. J. W. Claxton, Dr. M. J. Paulding, of Daretown, N. J., and Helen, daughter of John C. Gerrish, Esq., of Philadelphia.

Perlee—Davis.—Feb. 20th, at the residence of Thos. Davis, Esq., Hamilton, O., by the Rev. Wm. H. James, of Springfield, O., Dr. Benjamin Perlee and Miss Maggie Davis, both of Hamilton.

Wolfe—Wygant.—In Georgetown, Ind., Feb. 23d, by Rev. M. V. Hanger, W. Scott Wolfe, M.D., of Elizabeth, Ind., and Miss Carrie A., daughter of Dr. Harvey Wygant, of Saugerties, N. Y.

DIED.

Eastman.—In Chicago, Feb. 21, after a lingering illness, Dr. Timothy Eastman, formerly of Eastmanville, Ottawa county, Mich., aged 70 years, 1 month, and 4 days.

Faircloth.—In Chicago, Feb, 23, of pleuro-pneumonia, Dr. S. E. Faircloth, (son-in-law of Dr. L. D. Boone,) aged 37 years.

ANSWERS TO CORRESPONDENTS.

Dr. G. M. M., of Pa.—There are many works of the kind you mention. Hammond on Hygiene, though not delivered as lectures, is an excellent work.

Dr. R. S., of Ky.—Hebra's plates of Skin Diseases can be obtained from the New Sydenham Society. We refer you, for price, to Dr. R. J. Dunglison, Honorary Secretary, 1116 Girard street, Philadelphia.

Dr. J. J. D., of Pa.—We cannot get any copies in pamphlet, of Dr. Gross' Then and Now.

Dr. P. R. R., of Va.—We recommend to you Stillé on Epidemic Meningitis.

Dr. W. H. A., of Tenn.—"Would you think it proper to use rhigolene or ether for local anæsthesia in an operation for the removal of hemorrhoids or condylomatous tumors from the rectum with atomizing apparatus of Codman and Shurtleff, of Boston?"

We do not think that local anæsthesia would be of much value in such cases. Its use is very limited.

O. K., of Pa.—There is, we believe, no remedy for the condition you describe, and we do not consider it in the least requiring attention. The organs of generation may be small, but if this is not attended with debility or other unpleasant symptoms, give yourself no trouble about it.

METEOROLOGY.

February,	17,	18,	19,	20,	21,	22,	23.
Wind	S.	S. W.	S.	S. W.	S. W.	N. W.	N.
Weather	Snow and Rain.	Clear.	Clear	Clear.	Cl'dy.	Clear.	Clear.
Depth Rain	4 10						
Thermometer.							
Minimum	18°	17°	15°	30°	34°	14°	*1°
At 8, A. M.	34	24	30	42	43	17	6
At 12, M.	35	26	46	51	48	22	13
At 3, P. M.	37	28	47	51	51	23	17
Mean	31.	23.75	32.	43.50	44.	19.	8.75
Barometer.							
At 12, M.	30.1	30.2	30.	30.1	29.9	30.4	30.8

Germantown, Pa. B. J. Leedom.

* Below zero.

PHILADELPHIA

SUMMER SCHOOL OF MEDICINE.

ROBERT BOLLING, M.D.
JAMES H. HUTCHINSON, M.D.
H. LENOX HODGE, M.D.
EDWARD A. SMITH, M.D.
D. MURRAY CHESTON, M.D.
HORACE WILLIAMS, M.D.
GEORGE C. HARLAN, M.D.

The Fourth Session of the Philadelphia Summer School of Medicine will begin March 1st, 1868 and will continue until October.

Clinical Instruction will be given from the first of March to the first of October.

Lectures and Examinations will take place daily during April, May, June, and September.

EXAMINATIONS.

Anatomy, Chemistry, Physiology,
Surgery, Materia Medica, Obstetrics,
Practice of Medicine.

OPERATIVE AND MINOR SURGERY—Lectures, and Demonstrations of Bandaging and Dressing of Fractures upon the Manikin and of Surgical Anatomy and Operations upon the Cadaver, by H. Lenox Hodge, M.D.

PERCUSSION AND AUSCULTATION IN DISEASES OF THE LUNGS AND HEART—Lectures and Clinical Examination of Patients, by James H. Hutchinson, M. D.

MICROSCOPE.—The structure of the Microscope, and the manner of using it, will be explained, and the microscopical appearance of the tissues and fluids in health and disease will be exhibited by Horace Williams, M.D.

URINARY DEPOSITS AND TESTS.—Students will be instructed in the microscopical and chemical examination of the Urine, and will be enabled to make themselves familiar with the necessary manipulations, by James H. Hutchinson, M. D.

MATERIA MEDICA.—Lectures by Robert Bolling, M. D.

DISEASES OF THE EYE.—Lectures upon the Anatomy, Physiology, and Diseases of the Eye, by George C. Harlan, M. D.

DISSECTIONS AND SURGICAL OPERATIONS may be practised by the members of the class.

THE SOCIETY OF THE MEDICAL INSTITUTE meets once every month.

CLINICAL INSTRUCTION.

Pennsylvania Hospital.—The advantage of attending the Lectures, Operations, and Clinical Examinations at this important hospital will be secured without charge.

Episcopal Hospital.—Drs. Hutchinson and Smith will take the class through its well-arranged wards, so that by the bedside disease may be accurately studied.

Children's Hospital.—Much of a physician's practice being among children, it is essential that their various disorders should be seen by the student. Drs. Hodge, Hutchinson, and Cheston will, during the session, have charge of the numerous out-door and in-door patients of this establishment, and will offer every facility to the class.

Dispensary for Diseases of the Heart and Lungs will be conducted by Dr. Hutchinson in connection with his lectures.

FEE FOR THE WHOLE COURSE, FIFTY DOLLARS.

OR ANY PART MAY BE TAKEN SEPARATELY.

OFFICE STUDENTS will be received by Drs. Bolling Hutchinson, and Hodge, for the whole or part of a three years' course of study. They will be admitted to the Summer School and to the Winter Examinations, and Clinical Instruction will be provided for them at the Pennsylvania, Philadelphia, Episcopal, and Children's Hospitals. They will be given special instruction in the Microscope, Practical Anatomy, Percussion and Auscultation, Practical Obstetrics, Bandaging, and Operative Surgery. They will be enabled to examine persons with diseases of the heart and lungs, to attend women in confinement, and to make microscopical and chemical examinations of the urine.

WINTER COURSE OF EXAMINATIONS will begin with the Lectures at the University of Pennsylvania, in October, and will continue till the close of the session.

Candidates for Admission to the Army and Navy, and those desiring promotion to a higher grade, may obtain private instruction.

Fee for Office Students (one year), $100.
Fee for one Course of Examinations, $30.

Class Rooms, No. 920 Chestnut Street.
Anatomical and Surgical House, College Avenue.
Apply to H. LENOX HODGE, M.D.,
N. W. corner Ninth and Walnut Streets,
Philadelphia.

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THE

MEDICAL AND SURGICAL REPORTER.

No. 576.] PHILADELPHIA, MARCH 14, 1868. [Vol. XVIII.—No. 11.

Original Department.

Communications.

REPORT OF THE OUTBREAK OF THE YELLOW FEVER EPIDEMIC AT THE NAVAL STATION, PENSACOLA, FLORIDA, A. D. 1867.

The yellow fever epidemic of 1867, will long be remembered by the survivors, both from its severity, and its unusual range along the U. S. coast of the Gulf of Mexico, from Key West, Florida, to Corpus Christi, Texas, and inland to Lagrange, Texas, and Memphis, Tennessee.

At Pensacola, Florida, quarantine was established, May 21st, 1867, by military authority. On the 21st of June, the English ship "Fair Wind," arrived from Jamaica, W. I., in ballast, and in compliance with general rules, was ordered to quarantine for ten days. She had been reported by the Health Officer as remarkably clean, well ventilated, and well appointed in every respect, and with no sickness whatever on board, excepting the case of the steward, who was suffering from old age and general debility. During her quarantine, one man died very suddenly; reported to have complained somewhat—to have plunged overboard for a bath—and to have died very soon after, of congestion; but as the Health Officer was satisfied that the case did not warrant further detention, and as she had been thoroughly cleansed and fumigated, she was permitted to anchor one mile off Pensacola city, July 2d, to take in a cargo of lumber. Her ballast, of stone, freshly quarried from the rock at Kingston, Jamaica, was taken to fill in under and about the wharf at Pensacola, between high and low water.

In this connection, it may be well to state, that the daily papers contained a statement under date of Washington, July 6th, to the effect that the U. S. Consul at Kingston, Jamaica, under date of June 6th, had reported to the State Department, the existence of yellow fever as a malignant epidemic; one quarter of the cases fatal.

Disease, however, of a febrile nature, soon manifested itself among the crew of this very healthy ship; and on July 20th the Mayor of Pensacola reported to General Seymour, that all the crew of the "Fair Wind" had been sick, excepting one; that three had died, and five were then ill; but that none of the stevedores had been attacked. On the 19th July, the Mayor reports another death on board the "Fair Wind," and the vessel was again ordered to quarantine.

Febrile disease, of a grave character, having also appeared on board other vessels in the harbor that had been loading with lumber, much of which was covered with barnacles and grass, general Seymour, in an order of July 23d, directed two to quarantine, and two others to quarantine or to sea.

On the 24th July, the schooner "Texana" arrived from New Orleans, where yellow fever was prevailing, and the Health Officer reported her "health good." In a few days, however, the mate was brought from the vessel to a boarding-house in the town, ill of yellow fever; and from this point, the disease is said to have spread rapidly, the habitués of the house being infected, and carrying the seeds of the disease to other localities.

Prior to this, an unusual number of cases of continued fever had been observed on shore, but, with the natural unwillingness of a commercial community to declare itself pest-ridden, the disease was called continued fever, bilious fever, Dengue or breakbone fever, red fever, Jamaica fever, etc., until the Mayor of Pensacola, in a letter of August 9th to General

Seymour, officially announced the existence of yellow fever in that city; stating that the first case had been that of the mate of the "Texana"—then convalescent—but that two citizens had died, one on the 8th, and the other on the 9th, "with symptoms which leave no doubt of the character of the disease."

Upon this, the garrison at Barrancas was removed to Fort Pickens on Santa Rosa Island, and all connection with that place forbidden as far as possible. General Seymour and family, with two officers and fifteen men, remained at Barrancas, and all communication with Warrington or the Navy Yard, less than a mile distant, was prohibited, even to the few civilians residing on the reserve at Barrancas; the mail carrier alone was permitted to go to the village.

Upon receipt of the above intelligence, as indeed when disease first appeared among the shipping, Captain Armstrong, commanding U. S. Navy Yard and station, some five miles west of Pensacola, had communicated with the senior medical officer, Surgeon J. J. Abernethy, and thorough surveys were made, not only of the Navy Yard, but of the adjoining villages of Warrington and Woolsey, to discover and, if possible, remove any cause of disease or of impairment of general health.

During the first decade of August 1867, there occurred at the Navy Yard, three (3) cases of intermittent, and two (2) cases of remittent fever, which require no further notice here than that they all progressed to recovery, excepting the case of Michael Doolin, coal-heaver, of U. S. Steamer "Tacony" admitted to hospital on August 8th, with remittent fever, from which he was convalescent on the 23d.

[The whole number of yellow fever cases was 161, of whom 127 recovered and 34 died. Of these, eleven were of negro blood, all of whom recovered.

Of the 426 persons in the Navy Yard and aboard vessels, 37.79 per cent. were attacked, and 7.98 per cent died of yellow fever.]

The number of cases of yellow fever in the adjacent villages of Warrington and Woolsey could not be ascertained; the two civilian practitioners having fallen victims to the disease; but there were reported to the Commandant of the station, twenty-four (24) deaths from yellow fever; of these, ten (10) had been employed in the navy yard.

The immunity from the prevailing epidemic enjoyed by the military at Fort Pickens and Barrancas under command of General Seymour, forms a notable point in medical history.

From a memorandum kindly furnished by Gen. Seymour, it appears that Barrancas, situate some three-fourths of a mile west of the navy yard, is built on a ridge of sand some twenty-five feet above tide water, and is backed by a plain of sand at that elevation. In front is a strip of low ground, only two or three feet above tidewater, very damp, wet, and even swampy. Those who have inhabited this low ground in summer have almost invariably been attacked by intermittent fever. The barrack is built some fifty (50) feet above the plain—a three story brick building—and the company occupies the upper story. Between Barrancas and Warrington is a dense belt of woods, about one-fourth of a mile through; on all other sides Barrancas is quite open for long distances. The fever extended in Warrington quite to this belt of woods, several cases having been reported in houses nearest the woods.

On the 23d of August, the U. S. army transport "Alliance," came to Barrancas from New Orleans, where yellow fever was raging, bound to Key West and Tortugas. On board was a detachment of the 24th Infantry, escorting prisoners to the latter place. During the day, Private Wm. Snyder, of Co. "I," 24th Infantry, came ashore and was found at the kitchen of the commanding officer, complaining of illness; was sent to the post hospital and placed in a ward among other sick. These, as well as the Hospital Steward and attendant, were all northern men and unacclimated. Snyder died at 1 o'clock, A. M., of the 25th, of malignant yellow fever, and was not buried until 11 o'clock, A. M. The few men in barracks were immediately removed to Fort Barrancas—two hundred yards distant—and the hospital rooms were thoroughly fumigated, etc. Gen. Seymour adds—"there was no sequence to this case, and not a single case occurred in the command, which, otherwise,

was never more healthy than during this summer."

As an instance, on the other hand, of the portability of the disease, I may state that a Mr. McGinn, an old resident of Warrington and who had in previous epidemics, been thrice attacked by yellow fever, lost a member of his family in this epidemic and removed the others to the house of a Mr. Este, some three miles west of the lighthouse and some six miles from the navy yard; a locality hitherto deemed unusually healthy, some fifty (50) feet above the neighboring lagoon and with no marsh near, worth notice. Here, McGinn, himself, soon fell ill of yellow fever, for the fourth time in his life, and the disease spread to his wife, to Mr. Estes, his wife and child, and to five colored people living near by.

Careful examination of the meteorological records kept at the office of the naval commandant shows that the lowest thermometrical range in August was 70° F. at 4 o'clock, A. M., of 25th and 26th; the highest, 96° F. at 4 o'clock, P. M., of the 9th. Averages—78.6°, and 89.2°. In September, the lowest was 72°, at 4 o'clock, A. M., of 30th; the highest, 96°, at 4 o'clock, P. M., of 29th. Averages—77 5°, and 87°. In October, the lowest was 50°, at 4 o'clock, A. M., of 31st; the highest, 93°, at 4 o'clock, P. M., of 22d. Averages—68.4°, and 81.8°. During August, the prevailing winds were eleven days northerly, thirteen southerly, six easterly, and one westerly. During September, eighteen days northerly, seven southerly and five easterly. During October, twenty days northerly, two southerly, eight easterly and one westerly. Rain fell in two days in August, five in September and three in October.

The exeessively infectious nature of the breath and of the black vomit was shown in the fatal case of M. Doolin, as well as in the statement by Dr. Drummond, that in his efforts to assist Dr. Piek in the dying moments of the latter, he received upon his garments much of the ejected matter. Upon returning to his quarters, the discarded things were placed in a tub full of boiling water by his servant, a middle-aged negress, native of Pensacola, who, upon inhaling the steam, fell to the ground in a state of syncope that called for free stimulation.

Other cases of sickness and prostration from the breath of patients were also noticed.

The writer has seen a gold stud button worn by Mrs. S., during her fatal attack of August 31st, and it is even more discolored by the nature of the perspiration than the gold ring spoken of, belonging to Dr. Murphy.

Treatment. If the patient was seen in the stage of chill or rigors, or after the hot stage had set in—as was, indeed, the more frequent, the following was found to be the best mode of procedure:

The patient was stripped, well rubbed from head to foot with dry mustard, and then put in a full length bath at his bedside, made as hot as could be borne, a blanket thrown over to retain the heat, the patient's head only appearing, and there he was kept until the pulse began to lower and he expressed relief from headache and other pains. Not only were all these effects experienced at the end of five or seven minutes, but in many cases the desire to free micturition was irresistible. The patient when taken out of the bath, was laid upon a spare bed, quickly rubbed dry, clad in dry night clothing and placed in his bed with plenty of blankets above and beneath him. By this time, the perspiration, that had already begun in the bath, would greatly increase.

While in the bath and during the sweating stage, the patient partook freely of hot drinks; table tea, orange leaf tea and the hot infusion of the horse-mint which grows abundantly in the neighborhood, were all used. Flaxseed tea was found to be quite as good as any other, but as the patient was apt to tire of any one drink, it was found well to have the others by way of change. At the same time, an alkaline diaphoretic seemed to be indicated. The liq. ammoniæ acetatis was given in half ounce doses, alone or combined with fifteen minims of ether spiritus nitros: or five grains of potass. nitrat: with ether spirits of nitre, every three hours, or sodæ sulph. gr. v., every three hours in flaxseed tea; or chlorate of potassa in five-grain doses, every two or three hours, either alone or with ether spirits nitre. This last combination was found to answer

best. Some one of the above was continued until subsidence of febrile stage.

After the patient was put to bed from the hot bath, all muscular exertion on his part was strictly forbidden as extremely detrimental, not only by deranging the bed covering and checking the perspiration, but also by exhausting his strength. Raising the head frequently to drink was alone tiresome, increasing headache and productive of harm. To obviate this, he was kept still and his drink administered through a tube: a common clay pipe—new and well washed—was found to answer this purpose very well.

After the fever abated, the sweating was allowed to subside of itself, and the bedding, etc., changed. This was found to be an important process, requiring great care. It should not be performed until the fever abates, and the sweating subsides. At this time, the odor from the blankets, saturated with perspiration, is very offensive to those about the patient, and for the first time, generally, to himself. The blankets only should be removed, to be replaced instantly by others previously well warmed; as the least cooling of the patient's surface may be followed by suppression of the perspiration, and other serious consequences. The covering should now be sufficient to encourage gentle diaphoresis. In four or five hours after, the body clothes should be removed, the patient well rubbed with dry warm towels under the bed cloths; shifted to a clean dry bed with warm cotton sheets, and fresh body clothes put on, keeping him covered all the while. By this time, the headache is in most cases, greatly abated, although the pain of back and limbs still continues.

A cathartic was generally of service now, especially if the bowels had not been moved since the seizure; as was, indeed, almost invariably the case. For this purpose, an emulsion of castor oil was found to answer best, on account of the tendency to irritability of stomach. Any further necessary purgation was generally effected by enema. The cathartic usually brought away copious, dark, offensive dejections; and relieved greatly, if not entirely, the remaining headache, and muscular pains.

Quinine or mercury, in ordinary cases, were found to be productive of harm.

When the pains in muscles of back and limbs were very severe, flannels made hot as the patient could bear, and applied in single thickness, were found more productive of relief than aught else. Opiates were not found beneficial.

After the subsidence of the febrile excitement comes a state of depression, of which the patient is not always aware; expressing himself, generally, as feeling very well. He has a return of appetite, and if left to his own guidance would, in most cases, seal his own doom. The patient was now restricted to thin corn-meal gruel, and warm flaxseed tea. The process of stimulation was commenced, and conducted with great care. In most cases, aromatic spirit of ammonia, in half drachm doses, with fifteen minims of eth. spts. nitr., answered well. If the patient continued to do well, he was allowed chicken tea as a common drink, with warm gruel and the ammonia mixture continued. All drink should still be given warm. This treatment was continued for another day; aromatic sulphuric acid being sometimes given, and the ammonia mixture omitted. After this, sherry wine was given in half-ounce doses, three or four times a day, and soup once a day added to diet. In most cases, this was as much as could be advantageously borne, until the sixth or—as with many—the ninth day, when mush and milk in the morning; soup, roast beef, and baked potatoes at noon, and tea and toast for supper, made a very good diet, with one or two glasses of ale or porter during the day. The diet was then gradually increased in nourishment, until full diet could be borne.

After running a continued course for a certain time, the fever sometimes assumed the remittent or intermittent type. In these cases, at the time of the paroxysm, a hot bath was given, and diaphoresis re-established, if possible. Quinine was here found to be hurtful; although beneficial in the intermittent attacks sometimes attending convalescence.

The stage of febrile excitement was not unfrequently followed by a typhoid condition attended with very weak digestion. This was

met by tinct. ferri. muriat. with tinct. capsici. or quiniæ et ferri. citr. with sherry wine; and in other cases with carbon. ammoniæ and sherry, repeated hourly. Chicken tea was freely given, and was found, indeed, to answer better than beef tea.

Sometimes diarrhœa would set in about the third day. This was allowed to take its course, with no further medication than free administration of aromatic spt. of ammonia. In flatulence with colicky pains, the spts. ammon. aromat., in combination with eth. spts. co., and aq. menth. pip., answered very well, with occasionally bicarb.sod. gr. v., to correct acidity, or if there seemed to be unhealthy secretions retained in the intestines, an emulsion of castor oil, added to the other treatment, was beneficial.

From hiccough, relief was obtained by eth. spts. cr. occasionally repeated.

Delirium was treated by cold water to forehead, and sinapisms over the cervical vertebræ.

Some extreme cases of hyperæsthesia of the nervous system, occurring during the second week, were treated with ten grains of Dover's powder and two of camphor, repeated every three or six hours with diffusible stimulants, and supporting treatment. Suppression of urine was met by spts. ammon. aromat. ʒj. every two hours; dry cups over region of kidneys; purgative enema; alkaline diuretic enema; hot bath, etc.

In black vomit, sodæ. bicarb. gr. v. every three hours, was tried in cases attended with frequent acid eructations, as were also bismuth carb., or sub. nitr. In some cases, muriatic and arom. sulphuric acids; in others, creosote mixture, or milk and lime water in equal parts. No case of black vomit recovered; but it is believed that the course of treatment pursued, prevented many from falling into that condition. All that did occur were in debilitated constitutions.

During convalescence, the condition of digestive apparatus, particularly required close attention, and a strong tendency to indigestion and to sluggishness of bowels, to be combatted.

Patients frequently complained in early stage of convalescence, of being tormented by voluptuous thoughts and desires. Happily, the surroundings and discipline at this station prevented a yielding to temptation that would almost certainly have proved fatal; and it cannot be too strongly urged upon the junior medical officers of the navy, to forbid their convalescents from yellow fever, placing themselves within such pernicious influence.

AN ESSAY ON THE

Therapeutic Value of Certain Articles of the Materia Medica of Recent Introduction.

(Read before the New York State Medical Society, February 4th, 1868, and reported for the Med. and Surg. Reporter.)

By John H. Griscom, M. D.,

Of New York City.

(Continued from page 189.)

Glycerine.

With regard to the other remedial agent, *Glycerine*, my experience with it as an external remedy for various troubles, has also been very marked and interesting. Its value for these purposes is dependent upon its unique property of affinity for aqueous fluids, including the serum of the blood.

It is due to our distinguished colleague, J. Marion Sims, to state, that my first intimation of this property of glycerine was furnished by his description of it, given in his excellent work on Uterine Surgery, pp. 71 and 72. He therein describes his accidental discovery of its power of capillary drainage by *exosmosis*, producing a copious watery discharge, depleting the tissues with which it lies in contact in the vagina, and giving a clean, dry, and healthy appearance. He also states, "when such a dressing (a cotton tampon saturated with glycerine) is applied to a pyogenic surface on the cervix uteri for a few hours, and then removed, the cut or sore will be as clear from pus, as if it were just washed and wiped dry."

Having confirmed these statements by my own experiments in several similar cases of uterine disorders, the inference was naturally adduced, that this peculiar and active affinity of glycerine for aqueous fluids might be available in other disorders in which depletory treatment was indicated. I therefore determined to test its property in any other locality

where there existed an inflammatory condition of the tissues, to which the article could be applied; for example, in furuncles, erysipelas, ophthalmia, nasal inflammation, urethritis, and other inflammatory and congestive troubles.

In not one of a large number of such cases have I been disappointed in the alleged tendency of the oil to drain off the serum, even through the perfect integument, and the effect has been almost as uniformly demonstrative of its depletory results, as if the blood itself had been removed from the part; in fact, glycerine may be regarded as a good substitute for leeches and blisters, and in some instances, for surgical operations.

The following cases illustrate the peculiar action of the article.

1st. In February, 1866, a young gentleman from Ulster Co., presented himself for treatment for some difficulty in voiding urine. Severe pain in the entire length of the penis, with a burning sensation; frequent demand for micturition, and irregularity in the flow, were the principle symptoms which had existed for several weeks.

Examination by the catheter developed no evidence whatever of stricture, and there was no appearance at any time of any secretion indicative of contagious disease; which circumstances confirmed the truth of the patient's assertion, that he never had been afflicted with gonorrhœa or syphilis. It was, in fact, a simple inflammation of the lining membrane of the urethra, similar in appearance to that of the fauces, and partaking of the character of mucous erysipelas. His digestive system was somewhat deranged, and his nervous and muscular organization suffered from weakness and irritability—the effects, as I concluded, of protracted confinement and deficient exercise, owing to the nature of his occupation as a bank clerk.

As a local application, I directed glycerine combined with sulphate of zinc in the proportion of ʒss. to ʒj., to be injected into the urethra twice a day, and to be pressed inward towards the bladder, as far as possible. The result was a complete removal of the inflammatory condition of the part, and its restoration to perfect health in a few days.

The influence of this article in subduing cutaneous erysipelas, I have found equally efficacious. In two recent cases of this disease, involving the entire facial surface, its application was by means of a muslin mask partially saturated with it.

In all these cases it was employed as an adjunct to internal treatment, the disease being regarded as local results of constitutional disturbance, calling for correctives, the principal of which was the article before noticed, *soda sulphis.*

In no instance of the very numerous cases of erysipelas in both hospital and private practice, had I before observed so speedy a relief of the local trouble, as by glycerine.

The same happy effects have been observed in a few cases of simple ophthalmia, but the most remarkable exhibitions of its depletory power that have fallen under my observation, have been in the complete and speedy reduction and removal of carbuncular and supurative tumors. In illustration whereof I present the following cases.

2d. A young male member of my own family last summer, was afflicted with a large furuncular inflammation on the right side of the lower jaw. It progressed rapidly toward an abscess, and was finally relieved by the lancet. Immediately on the termination of this, a similar inflammatory swelling of the chin occurred which threatened the same result to a greater extent. With the hope that it might be arrested, I directed the continual application of a pledget of cotton saturated with pure glycerine, and equally to the surprise and gratification of all parties, the tumefaction wholly disappeared in three days, and the parts were restored to their perfectly normal state.

3d. Another similar case subsequently occurred, equally happy in its result. On the 15th of August last, a young married lady was delivered of her first child. The process of lactation, within the first week, was greatly interrupted by obstruction of the mammary glands, and complicated with this there appeared an enlargement of a gland in the right axilla, which increased in two or three days nearly to the size of a hen's egg. Here was a

threatened abscess, which of course gave rise to great anxiety to all concerned in the well being of the new made mother. Under ordinary experience the indication would have been to promote the purulent development as rapidly as possible by poultices, etc. But hoping to avoid this usual and painful issue, I ordered constant application of glycerine by cotton pledgets, and equally surprising and gratifying as in the former case, the tumor rapidly decreased, and in four days was totally gone.

It sometimes happens that the cutaneous covering of such tumors becomes so dense, that its secretory function is completely suspended, in which case the absorbent action of glycerine is entirely prevented. The mode of overcoming this obstruction is illustrated by the two following cases.

4th. Mr. H. E , in Nov. 1867, had an inflammatory swelling in the right nates, adjacent to the anus, assuming a carbuncular issue, rendering sitting impossible, and walking very painful. The surface was very red, and tender to the touch. Thorough applications of glycerine for three or four days renewed twice in each twenty-four hours, failed to produce any reduction of the tumor or of the cutaneous inflammation, when poultices were applied, which in a day or two caused a removal of the epidermis. Supposing this would remove the obstruction to the endosmotic action of the glycerine, its application was renewed, and the effect was a rapid withdrawal of the serum, and in two days, the tumor was so far removed that the patient could sit comfortably on a hard chair.

5th. About Dec. 1, a young widow exhibited an enlargement of the right parotid gland, which rapidly increased both in size and pain accompanied with enlargement of the right tonsil, and general congestion of the fauces. A single application of vaporized solution of alum relieved the latter considerably, and two additional applications, twenty-four hours apart, cured it entirely. (In reference to this particular point of the case, I also ask attention to the merits of another article, a recently introduced preparation of a well known medicinal fruit, the *Rhus Glabrum*. This sumac berry is known to contain large proportions of tannic and malic acids, and it has long been employed as an astringent gargle for inflamed and ulcerated fauces, in the form of a simple aqueous infusion. A new mode of its preparation for this purpose has recently been presented to us by a scientific gentleman by the the name of Holland, which I have found in several instances much more effective, and far more agreeable to the patients, its formula sometimes authorizing it to be swallowed after gargling, instead of being rejected, as is required of the aqueous infusion. It is known among the apothecaries, as *Vinum Rhus Glabrum*. A recent article in the Medical and Surgical Reporter, fully explains the merits of this new preparation, statements which my experience have fully confirmed.) Glycerine was subsequently applied by cotton pledgets to the parotid swelling, but during the first three or four days it rendered no service, and there appearing some tendency to suppuration, flaxseed poultices were substituted for a few days, but no pus made its appearance. A blister was then put on to remove the epidermis, after which glycerine was again applied, and the effect was a rapid reduction of the tumor; in about six days it wholly disappeared.

6th. A case of otitis, occuring in a middle aged female, accompanied with considerable purulent discharge, was first treated by vesication behind the ear, but with no beneficial effect; after which, the application of glycerine by cotton plugs in the external auditorium, greatly relieved it in three days.

I might present several other cases of various kinds of external inflammatory troubles, relieved by the same measures, but deeming those already reported sufficiently illustrative of the peculiar capacity of this unique fluid, I will close the subject by the statement of a professional colleague, an army surgeon of extensive experience, giving an account of the effects upon his own person of both the articles constituting the subject of this paper. On the 17th of July, seeing him at his home at Inwood, while suffering with a carbuncle on the nates, I suggested for him the use of sulphite of soda internally, and glycerine exter-

nally, and three days after, I received a note from him containing the following words: "I have taken ʒj of the sulphite of soda daily since you were here. My mouth and tongue are perfectly clean and sweet, and I think its effects were soon felt in a clearing of the mind of confusion and blues."

Soon afterwards, having got entirely well and resumed his official duties in the city, he sent me the following additional confirmation of the qualities of both articles:

"Recruiting Rendezvous.
115 Cedar St., New York, Aug. 16, 1867.

"*Dear Doctor*—According to your request I will report the effect I noticed from the employment of sulphite of soda, and of glycerine, in my own person while using them under your directions for carbuncles.

"After taking 20 grains three times a day of the sulphite of soda, I noticed that a peculiar confusion of mind and heaviness of the head passed away, leaving the mind clearer than it had been for a long time before. In a week before taking this agent, my bowels had been immensely disturbed at times with flatus, but on the second day after commencing it, the accumulation of gas ceased altogether. Another effect noticed was, almost an absence of odor from the stools, which were rendered quite black. The glycerine was applied directly to the carbuncle on cotton batting saturated with it, and covered with oil silk. The effect of this upon the carbuncle was to reduce it by exosmosis, the evidence of which was seen by the accumulation of a serous fluid in considerable quantities in the cotton. After the application of glycerine off and on for three days, there appeared on the carbuncle seven small openings from which a bloody serum drained away slowly, and after this stage the glycerine was left off, and warm water applied in its stead, but in the same way.

Very respectfully, your ob'dt serv't.,
Edward P. Vollum, Surg. U. S. A.
Dr. J. H. Griscom,
42 *East 29th Street, N. Y.*

CARBOLATED GLYCERIN.

By Geo. W. Lawrence, M. D.
Of Hot Springs, Arkansas.

Carbolic acid is an agent that justly merits universal medical attention. It is not my purpose to enter into its interesting progressive history, or array the names of those distinguished characters associated with Runge, (the discoverer,) in its chemical literature. Suffice it to state, that I am too thankful to have carbolic acid in its detached crystals, so separated for me from its prodigious and important relatives, from a family so complex and varied in nature, so mysteriously intimate in congeners, that a complete knowledge of petroleum, its bountiful and wonderful chemical productions, affords alone a theme, as a *specialty* for consideration. My object is simply to bring into general notice and use a preparation, which I have styled (for the want of a better name,) *Carbolated Glycerin.* It is prepared from Calvert's beautiful crystalline, chemically pure, pyrogenous acid—not from the *crude empyreumatic fluid of commerce*, called phenol, phenic acid, carbolic acid, etc. It is the *camphoroid* solid acid that I use in forming the *carbolate*, with Prices' or Bowrs' inodorous glycerin. In a water bath, ranging from 100° to 130° Fahr't, I mix *one* ounce of carbolic acid (when fluid) with *nine* times (in bulk,) of pure glycerin, and agitate while hot until it is thoroughly incorporated. I find this a convenient strength for dilution when required. With this preparation and its dilutions with glycerin or water, I claim an agent that will relieve and control with more certainty and celerity, phagadena, sloughing ulcers, bed sores, chronic syphilitic, mercurio syphilitic, and strumous ulcerations, sloughing gummatas, phagadenic chancres, and all of that class of obdurate ills, more satisfactorily than any application that has come within the range of my experience. It is beneficial in cutaneous diseases of a *parasitic* origin. Diluted ten to twenty times its bulk *with pure water*, I use it with Richardson's "*Atomizer*," for all forms of aggravated ulcerated surfaces. With the "*Nephogene*," it is invaluable for nasal, faucial, tonsillar, pharyngeal, laryngeal, tracheal and bronchial ulcerations. With an adaptation I recently had made (by Messrs. Otto, and Reynders, 64 Chatham St., N. Y.,) to the French instrument called the "*Irrigateur*,"—I convey at will the solution of carbolated glycerin to any part of the person. In ulcerations of the uterus and vagina, and in the treatment of follicular diseases of the genitals, it is an important agent. For sinuses, ulcerations and fistulous opening in the rectum it is advantageous in its effects. I also use it for ulcerations of the external auditory channel. In caries and necrosis of the bones, wherever it can be applied, I employ it with a so-

lution of *chlorate of soda.* As an antiseptic, disinfectant, anti-parisitic, detergent, corrective and healthy stimulant, it is assuredly one of the most powerful and valuable adjuncts to our list of remedies.

Hospital Reports.

Pennsylvania Hospital,
February 15th, 1868.

Clinic of J. M. Da Costa, M. D.

Reported by Dr. Napheys.

Cirrhosis of the Liver.

Jas. H. D., æt. 22; seaman; born in Philadelphia; moderate drinker; does not use tobacco; has not had syphilis. While serving in the Gulf of Mexico he had a slight illness, probably malarial in its character, which did not prove very obstinent. A short time after convalescence, he was seized at New Orleans with yellow fever, from which, in three weeks, towards the end of August last, he sufficiently recovered to travel to Atlanta, Georgia, although still very weak. At that time there was no yellowness of the skin. He remained in Atlanta long enough to gain strength to be able to come to Philadelphia, where in September he had a severe attack of intermittent fever. As he recovered from this, jaundice appeared, and immediately afterwards ascites. In the latter part of September the jaundice deepened, and œdema of the lower extremities supervened. He has been more or less jaundiced and dropsical ever since. The dropsy has affected the abdomen and lower extremities; never the face and arms.

His face is now considerably emaciated, with a yellow tinge of the surface, forcibly recalling, by the expression of the face and the complexion, a case of yellow fever. The conjunctivæ are yellow; tongue red, and slightly coated. Pulse 96, and feeble. Systolic murmur, evidently of blood origin, heard over the aortic cartilage. No cough; abdomen and feet swollen. The ascites is very marked, distinct fluctuations being perceptible over almost every portion of the abdomen. Great prominence of the veins in the upper portion of the abdomen. There is some tenderness in the epigastrium; none in the right hypochondrium, except at the very lowest portion of this region, just over the lower ribs, where there exists some soreness to the touch. The bulk of the hepatic region, however, is not tender on pressure. There is no increased percussion dulness in the lower portion of the liver, nor does the dulness extend higher than is usual. The left lobe, however, is slightly increased. Laterally there is a good deal of bulging of the ribs, as if they were pressed out by an organ more solid than ordinary. The spleen, which should always be examined in hepatic affections, is evidently increased in size, the dulness commencing higher up than is usual, at about the fifth rib, and passing down below the ribs.

This case presents, therefore, bulging in the hepatic region, with no soreness except at the lower portion, with the left lobe of the liver slightly increased, but with no increased dulness on percussion over the mass of the liver. These physical phenomena are associated with a peculiar shade of jaundice, with ascites, and with œdema of the lower extremities, and are found in a man who has had remittent and yellow fever. His appetite is good. His bowels are inclined to be loose; one or two passages in the twenty-four hours. The stools are and have been clay-colored. Urine, specific gravity, 1018; no albumen; few phosphates; showing the coloring matter of bile, but no biliary acids.

Among chronic affections associated with jaundice, which is the one present; whenever there is persistent jaundice, it much simplifies the arrival at diagnosis to take up the supposition of there being some obstruction to biliary flow, which may be brought about either by a swelling of the biliary ducts, or by some mechanical cause extraneous to the liver, as an enlarged pancreas, enlarged glands in the neighborhood of the pancreas, or an affection of the pyloric extremity of the stomach. In most of these forms of jaundice, due to obstruction, there is a very deep and deepening jaundice. But in this case, the jaundice is not now, nor has it been very marked; it has not shown the rapid deepening, nor the quick passing off, which is seen in cases of jaundice from obstruction.

It is one of the most interesting of recent observations, that the examination of the urine will sometimes throw a great deal of light on the exact kind of jaundice which is being dealt with. Of course, all cases of jaundice will show biliary coloring matter in the urine. No matter what may be the cause of the jaundice, in any case, if a thin layer of urine be spread on a plate, and then a drop or two or nitric acid be added, a change of color will be produced, due to the bile pigment which is contained in the urine in consequence of the excretion of biliary matter in the kidneys. But there is a test which does prove a great deal in differential diagnosis.

In cases of obstruction—in cases in which the bile is formed and then absorbed, the biliary acids will get into the blood, and be excreted by the kidneys. But in cases of jaundice where there is interference with the action of the liver, where the biliary acids are not secreted, of course they cannot be re-absorbed, and therefore cannot exist in the blood nor in the urine. It is important, therefore, to test for the biliary acids. This can be done by adding a few drops of syrup to the suspected fluid, placing the test-tube in cold water, and then adding, drop by drop, an excess of sulphuric acid; if the biliary acids be present, a violet or purple color will be produced. The addition of ether or chloroform makes this test (Pettenkofer's) much more sensitive. The test has been applied in this case, without obtaining any proof of the presence of biliary acid in the urine.

Thus then, partly by the symptoms and partly by the absence of biliary acids, obstruction of the biliary ducts is set aside, and the case is one in which the biliary acids are not formed. Among the chronic affections of the liver in which jaundice is present, are, in the first place, malignant disease; in the second place, hepatitis; in the third place, that particular form of hepatic inflammation, in which after a while increased density and contraction of the organ is apt to take place, which in its ultimate termination winds up in confirmed cirrhosis.

In this case, that there is a disease in which the portal circulation is much involved, is proven by the fact that there is so much dropsy present, as there cannot be dropsy in disease of the liver without such involvement. The very fact of the existence of dropsy is a strong argument against the presence of malignant disease; for, if it existed to such an extent as to press upon the portal circulation and give rise to dropsy so evident, there ought to be obvious signs of increase of the organ, which are not here present. Moreover, the want of any appearance of a cachexia and the absence of much pain, are strongly against the supposition of malignant disease.

The question, therefore, comes down to one between chronic hepatitis and that form of hepatic inflammation which winds up in cirrhosis. The typical form of chronic hepatitis is not associated with much dropsy. It is found constantly among persons who have lived for a long time in hot climates. It is a chronic enlargement of the liver which, as the portal circulation is but little involved, does not lead generally to marked dropsy. Considering the symptoms present, the fact that the liver is not increased in size, and the fact that there is so much dropsy, it cannot be assumed that this is a case of ordinary chronic hepatitis. The diagnosis is therefore narrowed down to inflammation of the liver, with a tendency to contraction, thus of necessity giving rise to a great deal of dropsy on account of the interference with the portal circulation, and winding up in positive hob-nail liver or cirrhosis.

In treatment, to get rid of the dropsy it is necessary to make use of the kidneys and skin. There is no diuretic which has acted so well as broom tea in this case. Attention has been given to keeping up the digestion, and the skin is occasionally acted upon by a warm bath. Internally, the choice lies between an impression by mercurials or by iodides. Considering the debilitated condition of the man, the iodides are to be preferred. He will therefore take from five to eight grains of iodide of potassium three times a day, varied occasionally with iodide of iron. Repeated small blisters will be applied on the hepatic region. His diet will be nourishing. Stimulants will not form a regular part of the treatment.

Transmitted impulse, Simulating Aneurism of the Abdominal Aorta.

Jno. Q., æt. 47; shoemaker. He was perfectly healthy until the year 1862, when he was troubled with a sharp pain in the right side of the epigastric region, which lasted for two or three days, and has never entirely left him. At the end of two years, after the appearance of this pain, he had a severe attack of general dropsy, which was complicated by some cerebral trouble or at least by a good deal of dulness of mind. He had jaundice thirty years ago, not since. He came into this hospital on account of cerebral neuralgia. Since he has been here, another symptom, on account of which he is presented to-day, has been noticed. This symptom consists in a very extraordinary pulsation in the epigastrium, which is not only distinctly seen but also distinctly felt. It is situated a little more to the left than to the right, although it exists everywhere in the epigastric region.

In a very large number of cases of persistent pain in males, associated with marked pulsation, there is abdominal aneurism. In females this statement does not hold good. Has this man abdominal aneurism?

On placing the hand over the epigastrium, a very distinct throbbing is noticed, but there is no lateral impulse. The impulse comes up straight to the finger, it is a forward impulse, there is none on the sides of the pulsating mass. On auscultation no murmur is heard. There is a dull first sound when the artery expands, followed

however, by a sharp second sound. Along the spine no murmur can be detected. There is no pain, over the lower dorsal vertebræ. The abdominal pain is of a sharp character and not constant. On percussion, some dulness is found in the neighborhood of the left lobe of the liver, but that dulness does not correspond to the seat of strongest impulse.

This is not an aneurism but transmitted pulsation. Although pain, with throbbing of the arteries, is very generally due to aneurism, it is not so here. In making the differential diagnosis between merely transmitted impulse simulating aneurism and aneurism, the following facts must be taken as guides.

In cases of abdominal aneurism there is, as a rule, a murmur. Here there is none. If there be no murmur, a dull sound on the expansion of the aneurismal sac is heard. Such a dull sound is present here; but there is also present what Dr. DaCosta has never met with in a case of aneurism of the abdominal aorta, namely, the second sound of the heart transmitted to the ear. There is no thrill here present; but thrill is of no consequence whetever in the diagnosis of internal aneurisms; it is just as often absent as present. The fact of there being no lateral impulse in this case is of value in reference to diagnosis. In aneurism, there is not only a forward impulse, but one to each side. Again, this man has had general dropsy, at one time very marked. Although it is conceivably possible that the pressure of an aneurism may lead to dropsy, still it is so rare an effect that the very occurrence of dropsy is always, in a suspected abdominal aneurism, against such a diagnosis. All these points, therefore, lead to the conclusion, that this is not a case of aneurismal dilitation. What then is it? It is a transmitted vibration of the abdominal aorta, owing to a thickened left lobe of the liver, and, very possibly, also, to a thickened head of the pancreas. It is not owing to any affection of the stomach, for the man does not present any marked gastric symptoms.

Sometimes a collection of fecal matter in the colon lying over the artery, gives rise to the transmission of distinct vibrations and impulse, simulating aneurism. There may also be mere throbbing of the abdominal aorta, without any swelling or induration. Sometimes in nervous, hysterical women, and in men with chronic gastritis, throbbing of the abdominal aorta will be found, manifesting itself chiefly in the epigastric region, and so marked as to give rise to an erroneous diagnosis, if care be not taken. Thus, there are various causes of epigastric impulse, and in the recognition of the nature of such an impulse, it is necessary chiefly to find out with what other phenomena it is associated, and then to base the treatment on the associated phenomena.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

Regular Meeting, Feb. 28th, 1868.

Dr. Bibbins in the chair.

Dr. Rodgers, of the Committee on Microscopy, reported that the diseased clitoris submitted for examination at the last meeting, was of a fibro-cellular structure. The disease, in the opinion of the committee, was fibrous degeneration, and not hypertophy.

Dr. Rodgers also reported that the tumor presented by Dr. Buck at the last meeting, was composed almost entirely of a corpuscular formation held together by stroma. The substance of the tumor is very firm, but when a small section is placed between the slips of glass, it spreads almost as easily as lard. The tumor is not true cancer, but belongs to the fibro-recurrent class of of Paget, or the fibro-nucleated of Bennet.

Cancer of the Mesentery.

Dr. Loomis presented a specimen of cancerous disease of the intestines and mesentery, for a candidate. The patient had always enjoyed good health up to the time of his last illness. There was no hereditary predisposition to disease in his family. Some two or three weeks before admission into the hospital, he discovered a small swelling in the right groin, and was troubled with griping pains after eating. Three days before he discovered the tumor, he had a natural discharge from the bowels, but since that time the evacuations have been watery. When admitted the patient was well nourished, and complained of nothing but a swelling in the right side, extending from the level of the umbilicus to the anterior spinous process of the ilium. The tumor was movable, entirely distinct from the liver, and somewhat tender on percussion.

At this time impacted fæces was suspected, large injections were given, a warm bath administered, and a current of electricity passed through the tumor, but without any effect in producing alleviation of the condition of the patient.

Dec. 23d. The tumor is increasing in size, the patient complains of much distress, is troubled with attacks of vomiting, takes nourishment with

difficulty, and is becoming very weak. He has still small watery discharges from the bowels, sometimes tinged with blood.

Seven days later the tumor was found to be increasing in size in all directions. Nodules can now be plainly felt, under the finger, and the inguinal glands are becoming enlarged. A diagnosis of malignant disease was now made out.

On the 13th of January the patient had become greatly emaciated, and a well-marked cancerous cachexia was evident. The mass has not increased materially in size. The patient died on the 14th, at 4.30, P. M.

The post-mortem examination was made the day following at 2.30, P. M. The body was greatly emaciated. All the organs, with the exception of those of the abdominal cavity, were found to be healthy. The liver was normal in size and weight. The stomach was normal. The cavity of the abdomen was occupied by a large tumor, extending from the lower border of the liver down to the brim of the pelvis. The liver, ascending colon, and abdominal walls, were covered with inflammatory exudation.

The substance of the kidneys was normal. The right ureter, though passing through the tumor, was pervious. The tumor is made up almost entirely of mesenteric glands enlarged by cancerous deposit. It includes about four inches of the ileum, and five inches of the ascending colon, together with the caput colli. The coats of the intestines included in and surrounding the tumor are all somewhat thickened, more especially in the sub-mucous tissue. The mucous membrane is thickened and ulcerated. The great mass of the tumor appears to be made up of the mesenteric glands. The abdominal aorta has been compressed by the growth. Dr. Janeway reports that the enlarged glands contain cancer cells with two or three nuclei; there are also free nuclei, and many granular cells.

Causes of Sudden Death.

Dr. Finnell, who seems to be on most excellent terms with the city coroners, being called upon, promptly presented several specimens illustrating the varied causes of sudden death. As the specimens are all taken from coroner's cases, the history is somewhat imperfect.

Specimen No. 1, was a uterus taken from a woman, aged 35, who for the last eight months has been a pretty hard drinker. She has suffered from œdema of the lower extremities for the last six months. She was found dead in bed on the morning of the 26th inst. The kidneys were found to be granular, the liver fatty, and the specimen presented shows cystic disease of the ovaries. She was a widow, and had never had any children, as the uterus will show.

Specimen No. 2 was a heart, taken from a man aged 48 years, who has suffered for the last three years with severe attacks of angina pectoris. He died in the street cars. There is no other disease to be found, except contraction of the mitral valve, which is covered with bead-like projections. (Subsequent examination revealed ossification of the coronay artery, which perhaps throws some light upon the cause of the attacks of angina pectoris.)

Specimen No. 3, was also a heart taken from a female aged 48 years. It shows atheromatous changes in the aorta, beginning a short distance above the aortic valves. The aorta is also the seat of calcification, and somewhat dilated.

Specimen No. 4, was also a heart, showing intense pericarditis, the pericardium being adherent throughout nearly the whole of its extent. The man from whom it was taken died suddenly in the street. On making a post-mortem examination, a fibro-serous effusion was found in both pleural cavities, each pleural cavity containing somewhat over a quart of fluid. There were also found a few patches of atheroma in the aorta.

Specimen No. 5, was a portion of the aorta, showing several aneurismal dilatations, taken from a German aged 46 years, of fair health, and a compositor by trade. He has been able to continue at his work, except at intervals of extreme intemperance. He retired to bed one evening as well as usual about 10 o'clock, and the next morning was found by his wife lying dead beside her. There is considerable dilatation of the aorta, and thinning of its walls just anterior to the valves; two inches beyond this there is a second aneurismal dilatation, and passing still further on to the descending curve there is a third, about as large as a walnut, the bursting of which was the immediate cause of the man's death.

Spicimen No. 6, was a portion of lung showing pulmonary apoplexy, taken from a man who endeavored to commit suicide by hanging himself. He came home in the evening very much intoxicated; his wife retired to bed, while he remained in the lower part of the building. He here procured a rope, and tried to hang himself to the mantel piece, but was so very drunk that he could not do it. The rope untied itself, and was found loose about his neck, so that he died probably as much from the effects of intemperance as from his effort at strangulation. He was a man in the prime of life, muscular and well

built. The lung shows pulmonary apoplexy; the brain, instead of being congested, was pale, although the face was turgid and livid. There were no marks of the rope about his neck.

Dr. Krackowitzer remarked that the first specimen was not one of the cystic ovary, but dilatation of the Fallopian tube, which is bound down to the ovary.

Dr. Rogers opened the cyst, and found it to contain nothing but dark grumous blood. He remarked that it very much resembled a specimen detailed in the Transactions of the Obstetrical Society, as dilatation of the Fallopian tube, from retained menstrual fluid, although he very much doubted at the time whether such could be demonstrated to be a fact.

Dr. Mason remarked that he had found a case very much similar in a dissecting room subject a few weeks ago.

Cystic Tumor of the Uterus.

Dr. Peaslee presented a large tumor, with the following remarks.

This large cyst was taken from an unmarried woman, 37 years of age, who first called me a little more than a year ago. She had noticed the enlargement for about three years. On examining the case I thought it to be an ovarian tumor, and gave a diagnosis accordingly. I advised her to wait until the tumor should somewhat interfere with the digestion, and then have it tapped. In accordance with this advice, the tumor having gradually enlarged, was tapped in July last, and about thirty-six pounds of dark-colored fluid, very much resembling strong coffee, was drawn off. When the abdominal walls had collapsed, only a slight prominence could be felt, extending nearly to the lower border of the liver. After she had rallied from the tapping, the uterus was sounded, and its cavity found to be of the normal length. The uterus seemed to be movable, though as to this last point I am not positively certain.

In the following October the patient was in pretty good health. About the first of January her health began to fail, and she decided upon an operation, which was accordingly performed upon the 22d of February; and here is the tumor. An incision was made about three inches in length, and the sac easily reached. The vessels of the sac were found to be very much enlarged, and a large number of very small adhesions, but still very strong ones, bound the sac to the abdominal walls. The sac was evacuated by tapping with *a very small trocar*, and about thirty pounds of dark-colored fluid drawn off. The sac could now be partially drawn through the external opening. The adhesions were broken down, one at a time, until finally a second sac was brought to view. I found now that this could not be brought out, nor the adhesions broken up, so I enlarged the incision to about two inches above the umbilicus. The second sac was now tapped, and found to contain a perfectly clear transparent fluid, just such as is found in an ordinary ovarian cyst. Adhesions were now found on the right side of the tumor; one of them about the width of the hand, and about half as thick, coming from the iliac process, which I at first supposed might be the pedicle. The uterus was somewhat enlarged, and of a very peculiar form, being depressed in the centre, and having two horn-like projections on either side. Between these two prominences, at about the middle of the depression, the tumor arose by a pedicle about three inches in diameter and one-eighth of an inch in length. It was an out-growth from the uterus,—a fibro-cystic tumor of the uterus. The adhesion was secured by a double ligature, and the ends cut off short; a ligature was passed through the pedicle in the same way.

During the operation every step was taken cautiously, on the supposition that I might possibly find just precisely what was found, a fibro-cystic tumor of the uterus. The trocar used was very small, so that if forced to back out of the operation, I could secure the cyst by a stitch or two, so as to prevent dripping, and then return the sac into the peritoneal cavity. The tumor was removed in this case, because it was found that the removal could be accomplished without interfering with the uterine cavity. The operation lasted nearly four hours, on account of the number of vessels that had to be secured. A small spot on the superior portion of the uterus oozed very obstinately, but this was finally arrested by the persistent application of persulphate of iron. A small tent was left in the external incision, so that the abdominal cavity could be washed out if necessary. Up to the present time, no unpleasant symptom has occurred.

Dr. Peaslee exhibited this specimen, more for the sake of insisting, as he has often done before, upon not proposing or performing the operation of ovariotomy as a general rule, until at least one preliminary tapping has been performed. In his own case, with all the light thus thrown upon the diagnosis, he had made a mistake, and he did not believe it was in the power of any human mind to determine whether certain tumors are ovarian or not. In cases of an error of diagnosis,

and where extensive adhesions involved the uterus, or where the uterus itself was the seat of the disease, he would abandon the operation and return the parts, unless a certain amount of damage had been inflicted, which absolutely required the completion of the operation. In one case, where he had returned the parts without completing the operation, the patient died in twenty four hours. He did not know what she died of, except being told that nothing had been done; from the moment she learned that fact, she failed and died in twenty-four hours, more from mental depression than anything else.

Aneurism of the Basilar Artery.

Dr. Ronan presented a portion of the basilar artery taken from a woman aged 28 years, who was admitted to Bellevue hospital on the 21st of September, 1867. On admission, she complained of pain on the right side of the head, which she stated had troubled her for years. She conversed freely, and seemed in every way sensible. Shortly after admission, she was taken with vomiting. On the 22d, she fell into a deep coma. The urine on being examined, was found loaded with albumen, and full of granular casts. On the 23d, she was still comatose, the pupils only feebly responding to light. The pulse was 120. On the 24th, her general condition was about the same; the bowels not having been moved, croton oil was given by the mouth, and a large enema of soapsuds and warm water. On the 25th, the coma was profound, the eyes closed, the pupils enormously dilated, and the pulse very weak; she is unable to take nourishment, and nutrient injections were given per rectum. On the 26th, she was moribund, the lips flapping during respiration. A post-mortem examination was made, twelve hours after death. On removing the calvarium, the pia mater was found intensely congested, and the sub-arachnoid cavity at the base of the brain filled with blood, and the basilar artery found to be the seat of an aneurism, the bursting of which had given rise to the effusion. The artery near the aneurism was somewhat thickened by atheroma. The heart was of normal size, the aorta was the seat of atheromatous deposit. The bursting of the aneurism was probably caused by the vomiting at the beginning of the uræmic convulsions.

Dr. Post exhibited a calculus taken from a child two years of age. It was interesting, because situated high up at the anterior part of the bladder, and thus escaped detection by the sound.

Dr. Forman presented a cystic kidney taken from a man who had died of uræmic convulsions. One of the cysts contained sero-purulent fluid.

The society then went into executive session.

M.

Editorial Department.

Reviews and Book Notices.

The Diagnosis, Pathology, and Treatment of Diseases of Women, including the Diagnosis of Pregnancy. By Graily Hewitt, M. D., Lond., F. R. C. P. First American, from the Second London Edition, Revised and Enlarged. With one hundred and sixteen illustrations. Philadelphia: Lindsay & Blakiston. 1868. One vol., cloth, 8vo., pp. 707. *Price*, $6.00.

The author divides his subject in two parts, the first treating of diagnosis, the second of pathology and treatment, each part occupying about one-half the volume. He is particularly minute and careful on the subject of diagnosis, subdividing this into two sections, the first treating of such data as can be obtained without, the second, such as are obtained by physical examination. Considerable additions have been made to the text since the publication of the first volume, and now few treatises in the language surpass it in compass and in the amount of information it contains on all the diseases of the female sexual organs. The illustrations are tolerably well done and sufficient in number, though they would appear to better advantage if they were on better paper. A very complete index and a good table of contents add to the usefulness of the work.

Why so. Valedictory Address to Twenty-fifth Graduating Class of Rush Medical College. By R. L. Rea, M. D. Chicago. 1868.

This address was printed by the class, and is a very fair specimen of its kind, not being either worse or better than valedictory addresses to classes usually are. We were greatly puzzled to understand why it was entitled Why so! But we believe we see the joke. The ellipsis to be filled is "Why is it named so?" Very good, indeed, very funny. Nearly as good a hit as the title to a work not long since written by an Eastern physician, which was, "It is I," (although by mistake the printer got it "Is it I.") It was himself throughout. Such lucid titles are particularly suitable for scientific treatises, and we hope soon to see such antiquated names as "Treatise on Human Anatomy," or "A System of Surgery," disappear forever, and be supplanted by such airy and suggestive substitutes as "How?" (meaning, as any body of ordinary intelligence can see, how we are made,) or "Cut away," (of course, with the obvious significance, cut away after you have mastered my pages.) But a word to the wise is sufficient.

Medical and Surgical Reporter.

PHILADELPHIA, MARCH 14, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

PROPRIETARY REMEDIES.

When we reflect upon it, we can easily excuse the public for their patronage of what we call patent medicines. It is, indeed, extremely difficult to define clearly the line of demarcation which exists between preparations sanctioned by the profession, and those which it rejects. Leading druggists all over the country advertise largely special preparations, designed to fulfil special indications; they are known and sold under fixed names; they have definite trade marks; public attention is called to them in non-medical prints; their merits are fulminated in popular language; they are virtually the exclusive property of one firm; they are prescribed without hesitation by physicians.

How then are the public to know any difference between these and what we stigmatize as "quack medicine"? How are country physicians, indeed, to distinguish between them? That the formula has been published in some pharmaceutical journal, that it has been read over in the sessions of some society of pharmaceutists, that it is not a secret in short, these are about all the differences that exist, and very small they are, very insignificant so far as the general public is concerned. We may go further and say that in thus making them public, often merely a form is honored, for not unfrequently the recipe so given either contains some excessively rare ingredients, (or pretends to do so), or the manner of preparing it is so complex that virtually no rival firm can compete in its production.

We have in mind a certain elixir, now much used, the formula for which has duly appeared in one of the pharmaceutical journals. Skilful apothecaries have assured us that they found it practically impossible to manufacture the article according to that formula, and they were led to believe that it was designedly published incorrectly. This is worse than quackery.

Some of the medicines extensively advertised claim no mystery, but only purity. An extract of buchu has, of late years, brought a firm an immense fortune, simply by being widely extolled as the purest and the best, and the well known virtues of the herb having been brought to the knowledge of the masses. On the other hand, many respectable medical journals advertise preparations concerning the actual value of which they know nothing, being only aware that they are not secret.

The corrective of this state of things is not easy to point out. The French oblige each druggist to deposit the formula of his various preparations with the government officials appointed for such purposes. The English allow much greater latitude, and while it is not creditable, it is not positively dishonorable for a professional man to be the owner of proprietary medicine. In this country, it is deemed sufficient, as we have said, to publish in some journal, or to communicate to some society, the constituent parts and mode of manufacture.

Physicians, having to a certain extent the public health in charge, should maturely consider whether they cannot check both the sale of patented medicines and the indiscriminate use of apothecaries' preparations. It has been suggested that a series of formulæ should be promulgated by the American Medical Association for use in particular complaints. Thus a cough syrup, a diarrhœa mixture, a plaster, or a salve, could readily be devised, combining in agreeable form some of the most efficient articles of the pharmacopœia. These might to a great extent supersede the unknown articles thrust upon the public by irresponsible firms.

It has also been suggested that a law be passed to force every secret remedy to be patented, inasmuch as the specifications of the patent are open to all, and do not prevent a physician from prescribing the same ingredients in like proportion. This also seems to us an excellent hint, and more likely to succeed than the former, though it, too, would doubtless be of service, and the two could easily be combined.

The matter should occupy a prominent place in the discussions of medical bodies, and we hope to see them take some decided action on it before long.

DIRTY WORK.

Being citizens of a democratic republic, we have a great respect for the dignity of labor, and think none the worse of a man on account of his business, even if it be to cleanse *cloacæ*. But when his occupation is to pander to the lowest passions of humanity, and when he thrusts himself forward as offering the means of satisfying criminal longings with safety, then he becomes contemptible to every right thinking mind. Still further, when a member, (or pretended member,) of the liberal profession of medicine, and a gray haired member at that, stoops to such dirty conduct, and so far disregards the respect due his title and himself, as to make his position as physician the means of disseminating a knowledge of disreputable acts, then we are at a loss for terms sufficiently forcible to express the disgust we feel at such an exhibition.

Yet, precisely this case has come to our knowledge within the past week. A printed circular has been handed us, headed:

MAGNETIC SAFE.

(*Confidential to ladies.*)

"The great and newly discovered remedy, the MAGNETIC SAFE, for the *certain prevention of pregnancy*, has been discovered A simple magnetic appliance. Will prevent pregnancy without fail."

The benevolent owner adds:

"As I am trying to get these Circulars into the hands of every married lady, although you may not need it yourself, you may know of some one who would like to have it, and can forward to them immediately. Many would give thousands of dollars to get it.

"Business strictly confidential. Full directions accompany each MAGNETIC SAFE, with my views relative to pregnancy, valuable to many. The MAGNETIC SAFE, is a sure preventive of all diseases of the generative organs, an infallible cure for Leucorrhœa or the Whites, will prevent Prolapsus or Falling of the Womb, and will cure nine cases out of ten."

This is villainy enough, and disgrace bad enough, no matter who is the author; but what shall we say, when it is added that the author of this disgusting circular is a physician of Shirleysburg, Penna., claiming to be a graduate of the University of Pennsylvania, and who dishonors his age and his profession, by thus putting himself forward as a screen for illicit intercourse!

He even goes further, and has the face to append a testimonial, signed by four prominent physicians of Pennsylvania, as follows:

"We have known Dr. R. B., for a number of years, and know him to be a Physician of high standing and superior medical ability."

(We omit the names for obvious reasons.)

We have written to two of the gentlemen whose names are appended, and ascertained, as we fully expected, that they were entirely ignorant that their names had been so used.

Their letters we append without farther comment.

"*McVeytown, Pa., March 7th*, 1868.

EDITORS MEDICAL AND SURGICAL REPORTER:

"Having learned that Doctor B., of Shirleysburg, Pa., has issued a circular headed "Magnetic Safe, (Confidential to ladies,)" the object of which is "for the certain prevention of pregnancy;" accompanied by a testimonial of his merits as "a physician of high standing and superior medical ability," purporting to have been signed by me, among other physicians, I take this opportunity of saying, that I never lent my name or authorized Dr. B., to use it in connection with this unholy, illicit and criminal effort to demoralize society and defraud his dupes.

Very respectfully,

A. ROTHROCK, M. D."

"*Shade Gap, March 5th*, 1868.

EDITORS MEDICAL AND SURGICAL REPORTER:

"Yours of yesterday came to hand this evening. I learn from it, that a person calling himself "R. B., M. D.," of Shirleysburg, is scattering circulars about the country advertising a "magnetic safe, to prevent conception," and that appended to his circular is a testimonial to his "high standing and superior medical ability," signed by several physicians, among whom my name appears. In reply, allow me to say, *this* is the very *first* I ever heard of the affair. I never signed a certificate of any kind for Dr. B., and never authorized him, nor anybody else, to use my name to a certificate of any kind for "R. B., M. D." I would as soon certify to the moral character of a horse thief, as to endorse a man engaged in so unholy a traffic as that to which Dr. B. seems to have dedicated himself.

Respectfully yours,

J. A. SHADE, M. D."

— PROLONGED GESTATION. Dr. P. M. RIVERS of Waterboro, South Carolina, relates a case in which a hydrocephalic fœtus was retained in utero until the completion of the twelfth month. The mother was troubled with abdominal pains at term, but these subsided after three days.

Notes and Comments.

A Sensitive Author.

We regret to see that Dr. Ruppaner of New York, has allowed himself to write a scurrilous letter to Dr. Luther Parks of Boston, editor of the *Boston Medical and Surgical Journal*, about a review of Dr. Ruppaner's work on Laryngoscopy, which appeared in that periodical. Such conduct reflects no credit on him, either as an author or a gentleman. Every one, indeed, who reads the letter as it is published at length in the *Medical Gazette*, will see that the writer has forfeited his claims to the latter title. Any one who writes for the public, would do well to submit to the criticism of the press, and not further damage himself by assaulting critics with unmannerly letters.

A Step in the Right Direction.

We are very happy to announce that a Pathological Society has been organized by the physicians of Meadville, Pa., and vicinity, in connection with which is to be formed a library of the rarer medical works; also a museum of pathological specimens.

Correspondence.

FOREIGN.

Letter from Paris.

Paris, Jan. 29th, 1868.

"Archives of Physiology."

A new literary scientific enterprise that has been undertaken with the beginning of the new year, deserves attentive notice, both on account of its intrinsic value, and of the names pledged to its support. This is a scientfic review, entitled, Archives of Physiology, and edited by Vulpian, Charcot and Brown Séquard, of whom the latter is so well known in America, and especially Philadelphia, and of whose former Journal of Physiology, the present archives are a resuscitation.

The first number of the archives contains, 1st., anatomical and physiological researches on the spheno-palatine ganglion, by Prevost; a paper on the circulation of the walls of the heart, by Lannelongue; memoir on the movements of certain organic bodies on the surface of water, and all applications to the theory of odors; note on the arrest of the carotidar circulation during prolonged effort, by Gunyan; description of osteite, caries and tubercles of bones, by Ranvier; memoir on the relations of the tubercular deposit to the blood vessels, by Carnil; researches on the pathogeny of cerebral hæmmorhage, by Charcot; note on the condition of the sensitive nerves in cases of sclerosis of the posterior fascicles of the spinal cord, by Vulpian; on the arrest of violent convulsions by irritation of certain sensitive nerves, by Brown Séquard; on certain anthropathies that seem to be dependent upon a lesion of the brain or spinal cord, by Charcot, again; finally, a memoir on the physiological and therapeutic action of cafeine, by Leven, and a critical review of the German theory of traumatic fever, by Henoeque.

The richness of this table of contents, is an earnest of the immense treat contained within the covers of this able periodical. Several of the papers whose titles I have cited, are to be continued in the next number, and I await their conclusion before giving an account of them. But a brief abstract of some of the others, cannot, I am persuaded, be devoid of interest.

To proceed in order, therefore, the first completed memoir is that of Lannelongne, on the circulation of walls of the heart.

The author sets out from the observation, that although the arterial circulation of the heart is as uniform as in other organs, the greatest variety is observable in the venous; moreover, the venous circulation in the ventricles is entirely distinct from that in the auricles, where it offers a special aspect, forming a type apart, without analogy in the other systems of the economy. All the veins of the ventricles empty into the right auricle, and with the exception of the venæ Galeni, all previously converge toward the great coronary vein. The veins are very superficially placed, and are destitute of valves, except at the mouth of the coronary vein, partially closed by the valve of Thebisius. This, moreover, is insufficient to oppose the reflux of blood from the auricular cavity into the sinus of the vein.

The auricular veins likewise empty into the right auricle, with the exception of a few little vessels that go to the left. The mouths of the veins are perceived on the internal face of the right auricle, disseminated in the form of extremely small openings, amongst the great vessels emptying into the cavity. Three of these foramina are tolerably constant for situation and size, and correspond, 1st, to the mouth of the superior vena cava; 2d, opposite the coronary vein; 3d, in front of the left extremity of the appendix.

These orifices are all constructed on the same type, and only regard the cavity of the auricle

obliquely. One part of the circumference is plane, and continues directly with the auricular wall, the other constitutes a raised falciform border, over which the endocardium is reflected in such a manner as to give the semblance of a valve; a disposition like that of the orifice of the inguinal canal. The greatest diameter of these orifices, is from 1—3 millimetres.

To each of these succeeds a sort of oblique funnel, whose walls are pierced with several tiny secondary openings. These are the mouths of two kinds of canals; the larger, result from the reunion of several foramina, the smaller are veins terminating in the others by a sort of dilatation.

The venous canals of the right auricle pass from one orifice to another amongst the fleshy fibres, separated from the endocardium by one or two muscular layers near one or the other of its extremities, each canal receives another coming from a third foramen, and it is easy to see that this union of these orifices constantly open, is introduced to provide against any interference with the circulation.

These canals are the *rendezvous* of nearly all the auricular veins, originating in a capillary network succeeding to corresponding arteries, and mainly lying under the pericardium, these veins presently become intramuscular, and continue their course parallel to the muscular fibres, but without *contracting any adherence to them.* But the canals on the contrary, present a disposition, which can only be seen after injection by some coagulating material, and then careful incision of one or two muscular layers parallel to their direction. The canal is found to be *perpendicular* to the fibre and its walls *intimately adherent to it.* The arrangement is similar to that of the uterine veins.

The microscopic examination of these canals uniting the foramina, discovers three layers; an internal epithelial tunic; a layer of flattened cells, containing lengthened nuclei, and separated from each other by a fundamental fibrillar substance; finally, a layer of conjunctive tissue, mixed with fine elastic fibres. Their walls are therefore inert, any muscular power being supplied by the fibres of the auricle in which they are plunged.

Intramuscular canals open at their two extremities, and receiving in their course numerous vessels, such is the general formula for the auricular circulation. The contrast is great with the ventricular circulation, where the veins are all superficial, never adhere to the muscular fibres, and all finally converge toward two voluminous trunks. The significance of these peculiarities is discovered in studying the mechanism of the cardiac circulation at work.

When a muscle contracts energetically, it becomes momentarily ischemic, because on the one hand, the active compression of the arterioles prevents the arrival of blood, and on the other, compression of the veins, expels the blood which is already there, consequently, contraction of the cardiac ventricles should cause a repletion of the coronary veins, and the blood from these veins has no difficulty in passing into the auricle, which is relaxed in the diastole.

But at this moment, the blood from the auricular veins is prevented from passing freely into the cavity, precisely by the relaxed state of the auricular walls, on account of which the calibre of the veins is diminished. To this passive resistance is presently offered, that of the interior column of blood, whose tension increases continually up to the moment of the systole. At this moment, the muscular fibres in contracting, forcibly open the canals adherent to them, and the venous blood is poured into the cavity just in time to be thence expelled into the ventricle.

The concomitant phenomena may be summed up as follows:

Ventricular Systole, auricular systole.
Ischemia of the ventricular wall, repletion of the auricular vessels.
Ischemia of the auricular wall, repletion of the ventricular vessels.

But, when we find these regular oscillations of augmentation and diminution of the quantity of blood, so intimately connected with the contraction and relaxation of the different cavities of the heart, we are led to inquire if the latter may not be an effect or result of the former. Experimental physiology proves that the integrity of the parietal circulation is necessary to the movements of of the heart. Erichsen has found that a ligature placed on the coronary veins, causes a longer persistence of cardiac contraction, and Brown Séquard has demonstrated that venous blood is the natural stimulant of muscles, including the heart. In view of all these facts, M. Lannelongue finds strong reason to infer that the alternate contractions of auricle and ventricle are due to the alternate afflux of blood, and the stasis which results as soon as contraction occurs in one of the two organs, it tends necessarily to determine the contraction of the other, and in its turn this last, will be the mechanical agent of a similar effect.

Effect of Prolonged Effort on the Circulation in the Carotids.

M. Guyon, in studying the effect of prolonged effort upon circulation in the carotids, has inge-

niously selected for observation women in the last stage of labor. In these violent and sustained efforts, during which the respiration is suspended, the beatings of the temporal artery are found to stop entirely after from six to fifteen seconds, and remain uninterrupted during two or even twelve, if the effort last so long. The same phenomenon is easily observed on the facial artery, in front of the masseter, on the labial coronary, finally on the carotid itself or its collateral branches above the thyroid cartilage, and within the anterior border of the sterno-cleido mastoid muscle.

Coincidently, the radial pulse becomes weaker and more rapid, but it is not interrupted for an instant. The alteration is rendered conspicuous by the sphygmographic trace.

This local arrest of circulation (which is noticed in all efforts as violent and prolonged as that of the expulsive period of labor) must of course be attributed to some local circumstance. The relation of the carotids and thyroid gland immediately attracted the attention of M. Guyon, as probably containing the clue to the mystery. These relations are constant and extensive; sometimes during four centimetres, the carotid is in close proximity to the gland.

The gland is immediately covered, except behind, with a complete muscular envelope, formed by the sterno-hyoid, sterno-thyroid, and omo-platohyoid muscles, all united intimately together by the cervical aponeurosis. It is, as every one knows, enormously vascular, and subject to variations in volume connected with obstructions to the superior venous circulation, whether from suffocation, asphyxia, or even pregnancy. The fact that the thyroid body is generally larger in women than in men, would seem to imply a special adaptation to this last condition.

Direct experiments have also served to prove the change of volume in the gland. M. Maignien forced two dogs of the same size to a violent race, and then killed one of them immediately with prussic acid. The thyroid body was very large and full of blood. The other dog was allowed to recover the normal condition of his respiration and circulation, and then similarly sacrificed. The thyroid lobes were less voluminous by a third than in the other case, less turgescent and less consistent.

Now, on account of the dense muscular and aponeurotic sheath that passes in front of the thyroid gland, it is compelled, in the case of these temporary hypertrophies, to extend posteriorly, and in so doing it compresses the carotids with considerable energy. This compression, resulting from the augmented volume of the gland, is reinforced by the muscular contraction of the cervical muscles, (also a direct result of prolonged effort,) which immobilizes the thyroid, and presses it against the vertebral column.

The benefit derived from this phenomenon is as valuable as unexpected. Compression of the carotids diminishes or even arrests the arterial circulation of the encephalon, which, during prolonged effort, is exposed to a certain amount of danger from the venous stasis. To render this stasis as little burdensome as possible, the supply of blood rush to the brain is thus ingeniously cut off, and by the same movement diverted into the thyroid gland.

This view is confirmed by an observation made by Gratiolet on the hippopotamus, with whom the stylo-hyoid and digastric muscles are so applied against the carotid, that the least contraction serves to interrupt the flow of blood to the head. "This disposition," says the eminent observer, "seems designed to provide against cerebral congestion during the long suspensions of respiration familiar to the hippopotamus."

[To be continued.]

News and Miscellany.

MEDICAL COLLEGE COMMENCEMENTS.

Jefferson Medical College.

At a public Commencement, held on the 7th of March, 1868, the Degree of *Doctor of Medicine* was conferred on the following gentlemen by the Hon. Edward King, LL. D., President of the Institution, after which a Valedictory Address to the Graduates was delivered by Prof. Gross.

The title of the address was "The Live Physician." The Professor commenced by extending to the graduating class his congratulations and those of their late teachers, and then proceeded to depict for their instruction those characteristics and traits which go to make up the honored and successful practitioner.

He told them they would have to wait and to work; that they should not seek "openings" and "opportunities," but make their own way. He repelled the idea that a man must live in a great city, or have rare or uncommon advantages to become a really worthy member of the profession. He closed by advising the young men to marry early, for a good wife is ever a help, and not a drawback to an earnest man.

The following is a list of the graduates:

Vermont—James Lewis, (M. D.)

Massachusetts—Benjamin H. Hartwell, Wm. C. H. Needman, (M. D.), Edw'd A. Todd.

New York—Henry W. Streeter.

New Jersey—Alonzo W. Green, Edw'd North, Clement S. Seagrave.

Pennsylvania—W. B. Alexander, H. C. Bacon, J. M. Barton, Geo. H. Beneke, Israel Betz, S. W. Boggs, E. Brallier, Thos. S. Butcher, J. W. Chisholm, J. M. Cooper, G. W. Cornell, E. E. W. Corson, Jas. L. Crawford, J. S. Dickson, J. R. Diller, Cadwallader Evans, Edw'd Everett, Wm. Eves, Chas. Garver, S. B. Heckman, Amos H. Helm, J. S. Herbein, A. L. Hill, W. J. Hillis, P. B. Housekeeper, John C. Hunter, S. D. Jennings, J. D. Johnson, Wm. Johnson, J. H. M. Karsner, J. V. Kelly, S. M. Kelso, J. Koehl, S. H. Laidley, S. Lazarus, A. L. Leach, J. E. Laughlin, P. W. B. Ludwig, F. L. Marsh, Thos. J. Mays, D. M. McCune, J. McGuigan, E. W. Meisenhelder, W. Mensch, A. H. Metz, J. M. Miller, E. K. Mott, M. B. Musser, Chas. Newman, Jas. Ogleby, Jas. A. Peeples, B. W. Preston, Richard W. Pryce, A. M. Ramsay, M. A. Rhoads, J. M. Ripple, T. C. Robinson, G. M. Shillito, P. H. Shultz, Stanley Smith, B. F. Spangler, Jas. Van Buskirk, Dan'l R. Van Reed, W. L. Whann, (M. D.), B. F. Whitmer, Wm. H. Woodburn.—67.

Delaware—John L. Polk.

Maryland—H. Buhrman, D. D. Carter, Rob't B. Davy, J. E. Graham, A. A. Miller, T. D. Myers, I. Sappington, Jr., J. L. Steffey, S. L. West.—9.

Virginia—John D. Carter, John H. Fultz, J. W. Gilkeson, Fred. Huffman, J. K. Patterson.

North Carolina—Zachary T. Brooks, E. R. Dorsett.

South Carolina—Geo. R. Dean, J. A. Robinson, S. Moffatt Wylie.

Georgia—W. G. Armstrong, S. H. Dessau, B. R. Dostor, C. W. Johnson, C. R. Mann.

Florida—W. H. Underwood.

Alabama—C. C. Arms, B. M. Hughes, (M. D.)

Mississippi—Wirt Johnson, N. B. Spratt.

Texas—Thos. A. Andrews.

Arkansas—A. H. Scott, Claiborne Watkins.

Missouri—A. V. Banes, S. L. Brooking, Craven Jackson, Edw'd Ragsdale, R. D. Shannon, J. W. Stewart, (M. D.), R. B. Wallace.—7.

Tennessee—S. T. Blair, (M. D.), A. D. Brown, John P. McFarland, John A. Parkinson, Rob't M. Rhea, H. Sienknecht, (M. D.), Rob't L. C. White.—7.

Kentucky—Thos. T. Bradford, John G. Brooks, G. A. D. Brown, Roger Q. Drake, John L. Dulin, Jas. W. Holland, John P. Jones, (M. D.), L. M. Lovelace, R. R. Wheatly.—9.

West Virginia—Wm. F. Van Kirk.

Ohio—Joseph C. Gordon, Jas. S. Kehoe, S. W. Keister, Angus Noble, W. E. W. Sheppard, David R. Silver.

Indiana—John Ballard, Louis S. Baxter, J. H. Krouse, (M. D.), J. J. Mathers, W. D. Mull, T. J. Richards.

Illinois—Robt. T. Bradley, M. H. Cassell, Jr., John B. Davidson, W. F. Docker, H. H. Long, John N. McKelvey, John M. Waters.

Iowa—E. J. B. Statler, (M. D.).

Wisconsin—John S. Lewis.

California—John K. France.

British Possessions—Robert Armstrong, Canada; Arch. Maxwell, Nova Scotia.

Foreign—Wm. Ekwurzel, Sweden; Arnold Schott, Prussia; Joaquin M. Quilez, Cuba.

Total—159.

Ohio Medical College.

The following is a list of the graduates:

Ohio—James L. Brown, Girard Bailey, George V. Carpenter, Wm. J. Conklin, Seth H. Cook, Anderson N. Ellis, Adolphus B. Frame, John A. Francis, Edward P. Gould, Madison Hammel, Wm. E. Henry, Stafford R. Hamer, Leroy S. Holcomb, Samuel Jepson, John H. Kennedy, Arthur W. T. Lyle, Wm. G. Lander, Matthias R. Mitchell, James C. McMeehan, Aaron Morris, Wm. J. Murray, John J. Medlicott, Wm. E. Myres, Albertus W. Ridenour, Dock Wm. Richardson, Wm. P. Spurgeon, Wm. J. Strofe, John H. Van Eman.

Indiana—Wm. C. Cole, John C. Cullum, Hiram C. Fisher, Wm. S. Houghland, Robert A. Jamison, Thomas H. Lane, Joseph D. Larimore, Alex. J. Montgomery, Alfred S. Remy, Adolphus C. Speck, David A. Thompson, A. Noble Vance, Geo. W. T. J. White, Charles E. Wright, James F. Wallace, Geo. W. Zimmerman.

Kentucky—John S. Bryan, John L. Cleveland, James P. Mooklar, McHenry Raymond, John B. Thompson, Robert H. Thornton.

W. Virginia—Charles B. Golden.

Illinois—Bryant Grafton, Richard J. Watts.

Mississippi—John A. Gunn.

The Nerve of Nerves.

It was lately announced at the French Academy of Sciences that M. Sapey had discovered the *nervi nervorum*, known to exist, but which had not been before distinctly traced. On examining the mucous membrane with the microscope, he found around each nerve minute filaments in-

closing a canal, in which the nervous pulp was lodged.

Association of Superintendents of Institutions for the Insane.

The Twenty-second Annual meeting of the Association of Medical Superintendents of American Institutions for the Insane, will be held at the "American House," in the city of Boston, commencing at 10 o'clock, A. M., June 2, 1868.

By a standing resolution of the Association the Trustees of the different institutions for the Insane are invited to attend the meeting.

Attention is particularly called to the following resolutions adopted at the last meeting:

"*Resolved*, That the Project of a Law be assigned as the first business of the next meeting, and that the Secretary notify the members of that fact in the regular notice of the meeting."

"*Resolved*, That the Secretary when giving notice of the time and place of the next meeting, be requested to urge on members the importance of prompt attendance at the organization, and of remaining with the Association till the close of its sessions."

JOHN CURWEN,
Secretary.

To Army Surgeons.

If this meets the eye of the Surgeon who was in charge of Cumberland Hospital, Nashville, Tenn., July, 1865, he is respectfully requested to send his address to SUSAN STAHL, widow of SAMUEL STAHL, formerly of Company B, 51st O. V. I., who died at the above named hospital, July 12, 1865. And if this is seen by Sergeant S. M. DOHERTY, who was present when Mr. STAHL died, he will please send his address to Mrs. STAHL. Evidence is wanted of SLAHL'S death to enable his widow to have a pension allowed. As she has a family of small children dependent on her, it is hoped any one who can assist her to the necessary evidence will do so.

Address SUSAN STAHL, care of D. LONGNECKER, Covington, Miami County, Ohio.

Marriages of Consanguinity.

In the New York Legislature a bill has been introduced, providing that it shall be unlawful for one first cousin to engage or agree to marry another first cousin of the same consanguinity. Any person violating the proposed law, may be punished by fine of not more than $1000, or imprisonment for not longer than one year, or both fine and imprisonment.

— SORE NIPPLES. Dr. BLAQUIERRES says in the *Journal des Connaissances Medicales*. that three or four applications of the following compound cures this complaint: Cocoa butter, 150 grains; extract of rhatany, 10 grains.

Animal Mechanics.

The Rev. SAMUEL HOUGHTON, of Trinity College, Dublin, already favorably known to the scientific world by his investigations relating to animal physiology, has lately furnished new proofs that the force of a muscle is proportioned to the area of its cross-section, and that of the tendon which conveys its power to a distant point. He estimates the contractile force of muscle generally at 109.4 lb per square inch of cross-section.

Sanitary Success.

From a paper read before the Society of Civil Engineers, in Exeter Hall, London, by B. LATHAM, C. E., it appears that 650 towns are now governed by the Public Health act of 1848, and with great benefit to the various localities. Twelve towns were named in which the typhoid fever had been reduced from 40 to 75 per cent.; phthisis from 41 to 49 per cent. In one town, Croydon, the total saving in thirteen years amounts to £239,998.

CHANGES IN THE NAVY.

List of changes in the Medical Corps of the Navy, during the week ending March 7th.

Surgeon George S. Beardsley, ordered to the U. S. Receiving Ship "Independence," Navy Yard, Man Island, Cal.

TO ADVERTISERS.

☞ Last year *over* ONE HUNDRED AND SIXTY THOUSAND copies of the REPORTER were circulated, reaching every section of the country—North, South, East, and West—besides the adjacent British Possessions, the West Indies, South America, Great Britain, and other foreign countries.

There is no better medium for reaching the medical profession than is offered in its pages.

Early in April we propose to issue an EXTRA EDITION of several thousand copies, which will be an excellent time to begin advertisements. Extra editions will be issued occasionally—probably as often as every three months.

Advertisements intended for that number should be received *by the first of April.*

☞ Liberal Discounts made for advertisements *sent directly to this office, and when payments are promptly met.*

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

Chalfant—Finley.—In the Presbyterian Church, New Salem, Pa., on the 18th ult., by Rev. Samuel Wilson, D.D. O. D. Chalfant, M. D., and Miss Violet, daughter of Ebenezer Finley, Esq., all of Fayette co., Pa.

Earsom—Clark.—Feb. 25th, at the residence of Dr. John Clark, in Mechanicsburg, O., by Rev. J. W. Mason, Mr. Robert R. Earsom and Miss Anna Clark.

Wilford—Willett.—Feb. 27th, in East Pembroke, N. Y., by Rev. G. S. Corwin, Dr. J. B. Wilford, of Chicago, Ill., and Miss Sarah M. Willett, of East Pembroke.

DIED.

Bell.—At Peekskill, N. Y., March 2, Dr. Charles Bell, aged about 40 years.

Coad.—In this city, March 11th, Dr. Joseph R. Coad, aged 38 years.

Garnsey.—At Batavia, Ill., Feb. 23, at the residence of her father, Dr. C. Alex. Garnsey, Laura Isabella, in the 25th year of her age.

Gibson.—At Savannah, Ga., on the 2d inst., Dr. William Gibson, formerly of this city, Emeritus Professor of Surgery in the University of Pennsylvania.

Leaman.—In Lancaster co., Pa. Feb. 26th, Charles McClung, son of Dr. Brainerd and Josephine E. Leaman, aged 3 months and 20 days.

McElroy.—Dr. McElroy fell dead on Tuesday evening, March 3d, at Nicetown, Pa. The Doctor was out sleighing, accompanied by his wife.

Nebinger.—In this city, March 8th, Dr. Geo. W. Nebinger, in the 44th year of his age.

OBITUARY.

Dr. Isaac Lincoln.

Dr. Isaac Lincoln, of Brunswick, Me., died on the 6th inst. He was probably the oldest physician in the State. Dr. Lincoln was a native of Massachusetts, and graduated at Harvard College in 1800. He was the last surviving member of the class of which Washington Allston, Dr. Lowell, and Chief-Justice Shaw were members. He has been a successful practitioner in Brunswick for more than half a century, although retired from active business for several years past. He has long been an influential leader of the Congregational Church, a member of the College Corporation, and a prominent citizen.

ANSWERS TO CORRESPONDENTS.

Dr. R. D., of Pa.—As good a manual of instruction as any on the subject of the medical employment of electricity is Garratt's. We do not ourselves know whether each of the six currents of Kidder's battery has a different effect on the nervous system. It were difficult to establish this point, we imagine.

Dr. J. P. De B.—You question the propriety of the advertisement of Launcelots' Cigarettes and the Injection Brou in the Reporter. But these are not secret preparations. You will find the formulæ in the *Union Pharmaceutique*, July, 1864, and copies have been sent our office by the advertiser.

METEOROLOGY.

February,	24,	25,	26,	27,	28,	29.	M. 1.
Wind	N. E.	N. E.	N. E.	N. E.	W.	W.	E.
Weather	Cl'dy. Snow.	Cl'dy. Snow.	Cl'dy.	Cl'dy. Snow.	Cl'dy. Snow	Clear.	Cl'dy. Snow.
Depth Rain		6 in. 8-10					
Thermometer.							
Minimum	7°	15°	16°	20°	23°	14°	8°
At 8, A. M.	12	21	25	29	31	23	20
At 12, M.	17	25	28	37	37	29	23
At 3, P. M.	19	24	28	37	34	29	23
Mean	13.75	21.25	24.25	30.75	31.25	23.75	18.50
Barometer.							
At 12, M.	30.7	30.6	30.5	30.	29.8	30.	29.5

Germantown, Pa. B. J. Leedom.

PHILADELPHIA

SUMMER SCHOOL OF MEDICINE.

ROBERT BOLLING, M.D.
JAMES H. HUTCHINSON, M.D.
H. LENOX HODGE, M.D.
EDWARD A. SMITH, M.D.
D. MURRAY CHESTON, M.D.
HORACE WILLIAMS, M.D.
GEORGE C. HARLAN, M.D.

The Fourth Session of the Philadelphia Summer School of Medicine will begin March 1st, 1863, and will continue until October.

Clinical Instruction will be given from the first of March to the first of October.

Lectures and Examinations will take place daily during April, May, June, and September.

EXAMINATIONS.

Anatomy, Chemistry, Physiology,
Surgery, Materia Medica, Obstetrics,
Practice of Medicine.

OPERATIVE AND MINOR SURGERY—Lectures, and Demonstrations of Bandaging and Dressing of Fractures upon the Manikin and of Surgical Anatomy and Operations upon the Cadaver, by H. Lenox Hodge, M.D.

PERCUSSION AND AUSCULTATION IN DISEASES OF THE LUNGS AND HEART.—Lectures and Clinical Examination of Patients, by James H. Hutchinson, M. D.

MICROSCOPE.—The structure of the Microscope, and the manner of using it, will be explained, and the microscopical appearance of the tissues and fluids in health and disease will be exhibited by Horace Williams, M.D.

URINARY DEPOSITS AND TESTS.—Students will be instructed in the microscopical and chemical examination of the Urine, and will be enabled to make themselves familiar with the necessary manipulations, by James H. Hutchinson, M. D.

MATERIA MEDICA.—Lectures by Robert Bolling, M.D.

DISEASES OF THE EYE.—Lectures upon the Anatomy, Physiology, and Diseases of the Eye, by George C. Harlan, M. D.

DISSECTIONS AND SURGICAL OPERATIONS may be practised by the members of the class.

THE SOCIETY OF THE MEDICAL INSTITUTE meets once every month.

CLINICAL INSTRUCTION.

Pennsylvania Hospital.—The advantage of attending the Lectures, Operations, and Clinical Examinations at this important hospital will be secured without charge.

Episcopal Hospital.—Drs. Hutchinson and Smith will take the class through its well-arranged wards, so that by the bedside disease may be accurately studied.

Children's Hospital.—Much of a physician's practice being among children, it is essential that their various disorders should be seen by the student. Drs. Hodge, Hutchinson, and Cheston will, during the session, have charge of the numerous out-door and in-door patients of this establishment, and will offer every facility to the class.

Dispensary for Diseases of the Heart and Lungs will be conducted by Dr. Hutchinson in connection with his lectures.

FEE FOR THE WHOLE COURSE, FIFTY DOLLARS.

OR ANY PART MAY BE TAKEN SEPARATELY.

OFFICE STUDENTS will be received by Drs. Bolling Hutchinson, and Hodge, for the whole or part of a three years' course of study. They will be admitted to the Summer School and to the Winter Examinations, and Clinical Instruction will be provided for them at the Pennsylvania, Philadelphia, Episcopal, and Children's Hospitals. They will be given special instruction in the Microscope, Practical Anatomy, Percussion and Auscultation, Practical Obstetrics, Bandaging, and Operative Surgery. They will be enabled to examine persons with diseases of the heart and lungs, to attend women in confinement, and to make microscopical and chemical examinations of the urine.

WINTER COURSE OF EXAMINATIONS will begin with the Lectures at the University of Pennsylvania, in October, and will continue till the close of the session.

Candidates for Admission to the Army and Navy, and those desiring promotion to a higher grade, may obtain private instruction.

Fee for Office Students (one year), $100.
Fee for one Course of Examinations, $30.

Class Rooms, No. 920 Chestnut Street.
Anatomical and Surgical House, College Avenue.
Apply to H. LENOX HODGE, M.D.,
N. W. corner Ninth and Walnut Streets,
574— Philadelphia.

THE

MEDICAL AND SURGICAL REPORTER.

No. 577.] PHILADELPHIA, MARCH 21, 1868. [Vol. XVIII.—No. 12.

Original Department.

Communications.

TREATMENT OF RATTLESNAKE BITES BY THE PINTO INDIANS OF MEXICO.

By G. Naphegyi, M.D.

Of Staten Island, N.Y.

The following remarks were suggested by the perusal of an article in the "*Public Ledger*" of your city, upon Dr. S. W. Mitchell's hypothesis concerning the poison of the rattlesnake.

In the year 1855, while I was occupying a position in the military hospital of Vera Cruz, a convalescent soldier, who was enjoying his *siesta* in the garden attached to the hospital, was attacked with convulsions, and was immediately placed under medical treatment.

The convulsions were of an epileptic nature, the mouth being covered with foam, while a heavy perspiration bathed the epidermis; but, contrary to epilepsy, the patient was in a high fever, the pulse full and rapid, the pupil glassy and expanded, and the face presented a bluish tint.

Sinapisms were applied to the upper and lower extremities, enemas of assafœtida, footbaths, etc., were tried, but all in vain. Finally, at the suggestion of Dr. Heras, a native physician, tinctura nicotinæ, mixed with strong brandy, administered in a large dose, restored the patient to quiet and consciousness.

No cause could be assigned for this attack, until upon the sufferer recovering the use of his faculties he complained of an itching pain in the extremity of his right leg. An examination clearly indicated that he must have been bitten by some venomous insect or reptile. Tincture of ammonia was applied, and the patient slowly recovered consciousness.

Upon interrogating him, he said that, while asleep in the garden, he was awakened by a severe sting, and that immediately a numbness crept over his body which so quickly overpowered him that, upon attempting to rise and ascertain its cause, he fell back and lost entirely the control of his senses.

When I arrived at the hospital the patient was free from fever, the pulse abated, scarcely 55, and the skin cold but moist. The thought which first occurred to me was that he must have been bitten by a rattlesnake, and yet, I felt doubtful, for, were that the case, the symptoms would have been different.

I recommended that a search be made at once in the garden, but nothing could be found to afford a satisfactory clue until I ordered an examination of the patient's clothes, when, to my amazement, in one of his shoes was found a *coralilla*, or red snake, which measured not more than five inches in length, and one-fifth of an inch in circumference. The problem was solved, for every one familiar with these southern regions is acquainted with the deadly effect of the sting of the *coralilla*. Antidotes were immediately applied with success, the only bad result being that the patient lost the use of his voice.

I endeavored to establish from this instance a theory for cases of a similar character, but was doomed to disappointment.

Some few years later, I visited *Cautla*, *Cuernahuaca*, and the *Mezcal*, the region of the "Pintos" in the State of *Guerero*, being curious to study the cause of the freaks of nature among this race of Indians.

I stopped at a hacienda called "La Granja," whose inhabitants consisted of the Mayor Domo (or superintendent), his wife, two daughters, and some two hundred and fifty *peons* (or laboring men).

All, except the Mayor Domo himself, were Pintos. Some of them were marked with five different colors, from the purest

white of the *Albino*, to the dark hue of the *Negro*, being varied by the yellow of the Mulatto, the reddish-brown of the copper-colored Indian, and, lastly, by spots of a blueish tint, such as I had never imagined it possible to find except upon the feathers of some of the Southern birds.

These spots, which cover the whole body, differ in size, and thus it often happens that one-half of the nose is red, while the other is entirely white, the brow blue, one of the cheeks white, while the other is dark, and the chin and part of the neck entirely yellow.

There are many hypotheses as to the cause of this phenomenon, but I believe it to be a hereditary disease of the epedermis; and am confirmed in my belief by the fact that, through the intermarriage of foreigners with those of the *Pinto* race, the children inherit the disease, and the foreign husband, by constant intercourse, after a few years, becomes a *Pinto* himself.

The natives ascribe it to the effect of the water from the river *Mezcal*, asserting that in some places the water passes over plains, washing and carrying with it poisonous plants, which produce this disease.

Giving some credence to this assertion, I procured some water and submitted it to chemical analysis, but could not find anything to corroborate this belief of the inabitants.

But what relation does this narrative bear to the assertion of Dr. Mitchell in regard to the poisonous effect of the bite of a rattlesnake? I may reply that while among the Pintos opportunity was afforded me of observing the effects of that poison.

There is probably no region on the globe where venomous insects abound in such variety and abundance, as in the State of "*Guerero*," and especially in that part called the "*Tierra Caliente*," (or hot country,) which extends from *Cautla* to the mining region of *Tasco*, and from thence to *Tepecuaculpa*, *Chilpauzingo* and *Tistla*.

There, in the crevice of every rock, you behold the "*Lagartija venenosa*" (or venemous lizard), while at every step you meet the hideous "*Tarantula*," the poisonous "*Alacran*," the *Scorpion*, the "*Ciento pies*," the *Nigua*, and the almost imperceptible "*nasal mush*," a fly, which depositing its eggs in the cavities of the nose, forms worms, which cause a most fearful death.

As an instance of this, during the last intervention of the French in Mexico, when many of the Zouaves were sent on skirmishing excursions into the "Tierra Caliente," and after being but a few days absent, many were brought back to the hospital of Puebla, complaining of fearful headache, acting like monomaniacs, and at times appearing as if attacked by hydrophobia.

The physicians were at a loss to comprehend the cause, until one of these sufferers, grasping one day, in his paroxysms, a gun from the sentinel, committed suicide. An autopsy then took place, which explained the cause of this fearful suffering. Sixteen worms were found in the cavities of the brain, and as deep as the sella turcica,—all this being caused by the "*nasal mush*" of the "*tierra caliente*."

In these regions also, is to be found the *Coralilla*, or red snake; but most numerous of all, and in great abundance, the rattlesnake.

Dr. Stein, a German resident physician of Tistla, showed me one hundred and thirty rattles, which he had taken from snakes, with his own hands, in the space of two years, some of them denoting the age of sixteen years.

In a region such as is above described, bites from the rattlesnake often occur, and I had the opportunity during my short stay, to see some curious and interesting cases.

The most experienced Indian doctors, men who dedicate themselves to curing through the aid of herbs alone, assert that the poison of an old rattlesnake is not so dangerous in its effects as the sting of a young one, and they venture to go so far as to say that after the rattlesnake has reached its fifteenth year, the bite is without any effect at all, causing only a slight swelling, without producing any malignant result.

This assertion is based on practical experience, and they declare that persons who have been bitten by a rattlesnake and have escaped with a slight swelling, upon the rattlesnake being afterward found and killed, it was shown to have had over fifteen rattles; while in other cases, when the

bite proved fatal, the snake was found to be a young one, from three to eight years of age.

This belief I found to exist also, and even more strongly, among the negroes in Brazil. There they go so far as to assert that to counteract the poison of a young rattlesnake, the most efficacious cure is what they vulgarly call "*el aceite de Cascabel*," which is nothing else than the head of an old rattlesnake boiled in oil and applied to the bite. The practical operation, however, of this last remedy I have not investigated.

These facts, being of frequent occurrence, have strengthened the people in their belief of this theory, and I am inclined to give some credence to their experience.

But to return to the effect produced by the poison of the rattlesnake. The first case that I saw was that of a *Pinto* some twenty years of age, who was bitten in the abdomen while asleep on a stone bench near his hut.

The house where I had taken up my abode not being far distant, I was soon upon the spot, and here I met, for the first time, one of those Indian doctresses, who, although not graduated at any college, and without the knowledge of Greek or Latin, was a true daughter of ÆSCULAPIUS, and gave me some very useful lessons.

She was engaged in bathing the wound of the sufferer with a decoction made from the leaves of a tree called *mala mujer*, or, as the Indians call it, "*ytlohomakil*," which I afterward found to contain medical qualities of a narcotic nature.

A man was also occupied in holding a bottle to the mouth of the lad, and gave him a strong liquor to drink called the "*mescal*," a beverage made from the "*Agave Mexicana serpentionalis*," being the green and yellow striped aloe plant, which, when fermented and distilled, produces a high wine, similar to alcohol of from forty to forty-two degrees, and possessing, besides its intoxicating quality, some narcotic properties.

While this was going on, my attention was drawn to a phenomenon which, although familiar to the eyes of the native, and an everyday occurrence, produced upon myself a strange impression.

As I observed above, the patient was a "*Pinto*," and while the poison was making rapid progress through his system, I saw the white spots on his body grow gradually red, and those which were black, blue, or yellowish-brown, became entirely dark.

At first I thought it was paralysis of the circulation of the blood; yet I saw that could not be, for the sufferer was in a high fever, the pulse being 120, and yet I might have retained that opinion, were it not that the changes were repeated until the patient fell asleep, when the change of spots became permanent.

I was then informed that such was always the final result.

Pursuing my investigations with more interest, I obtained the following instructions for the treatment of the bite of the rattlesnake, as practised by the "*Pintos*."

The moment that a person bitten can procure help, his wound is bathed with a decoction made from the leaves of the above-named tree, which, by-the-by, possesses such strong narcotic properties, that near Jalapa and Orizaba, where it abounds, it is the vulgar belief among the people, that a person sleeping under its shade while the sun is in the meridian, becomes entirely asphyxiated.

The liquor called the "*mescal*," is at the same time used internally until the sufferer becomes inebriate; and while in that state, the juice of the leaf of the Maguay plant, mixed with ground mustard, in the form of a plaster, about four inches in diameter, is placed over the wound, which produces the effect of a blister.

An hour later, half an ounce of "*chile mulato*," (piperina,) ground and mixed in six ounces of mescal or alcohol, is given to the patient in doses at an interval of half an hour, until assured that the effect of the poison is counteracted.

This treatment I saw applied in ten cases, of which three only proved fatal, and that on account of the patient's having been addicted to the use of strong liquors, when, as a natural consequence, no effect could be produced by inebriation.

Dr. STEIN assured me that in many cases of the bite of the rattlesnake which came under his practice, he used with success the inhalation of æther sulph., and the application, on and around the wound, of oleum cantharid.

I will, in conclusion, relate some microscopic anatomical observations on the "*coralilla.*"

While in the Sierra of the Huasteca, the Indians, being acquainted with my in defatigable interest in collecting all kinds of reptiles, insects, birds, etc., etc., brought me a live coralilla of the most bright carmine color. After destroying life, with the intention of preserving it in alcohol, I made a most minute dissection and examination of the head of this reptile, with the following result.

The "*coralilla*" does not inflict its wound with a sting, but with the "*colmilla,*" eye-tooth — "fang" — which is placed more loosely in the jaw than the other teeth, and as if on an elastic spring, and is perforated by a hole running through its centre.

Under this tooth is a glandule, in the form of a vesicle, in which the poison is secreted, and by the pressure produced by this eye-tooth, it inflicts the wound when it comes in contact with another body. The fang then pressing on the glandule, compels the poison to pass through the hole in the fang into the fissure which it has produced.

HOSPITALS.

BRITISH, FRENCH, AND AMERICAN:

To which is appended a Glance at the British Islands, France and America, Ethnological, Climatic, and General, etc., etc.

By Edwin R. Maxson, M.D,
Author of Practice of Medicine, etc.
Of Philadelphia.

[Continued from p. 193.]

Dublin Hospitals.

As much of my time was taken up while in Dublin in attending the British Medical Association, and as many of my observations in the Dublin hospitals were published in this country, in connection with my account of the proceedings of the Association, I do not feel at liberty to repeat. I may be permitted to state, however, that among the excellent, well conducted and generally quite well located Dublin hospitals, I was more especially interested in *Mercer's*, situated in a central part of the city, near Trinity College; *Sir Patrick Dun's* occupying a more elevated position, in a north-westerly direction from Trinity College, and in a less crowded part of the town; *Hardwicke*, and the *Richmond District Lunatic Asylum*, south of the river, in the south-east part of the city, tolerably well situated; the *Rotunda*, or great *Lying-in* Hospital, also south of the Liffey, and to the south-east of the Trinity College and the General Post Office; and St. Mark's, or the Eye Infirmary of Sir William Wilde, near Merion Square, in a central part of the city.

Mercer's Hospital.

At Mercer's Hospital, which, though not very extensive, is a good one, I met Drs. Moore and Butcher, the former being visiting physician and the latter visiting surgeon. The building, though not magnificent, is a convenient one; and the medical and surgical treatment appeared to me very judicious. Dr. Butcher, the accomplished surgeon, apologizing for the small number of cases of interest in his department at that time, invited me to his residence to see his drawings, casts, pathological specimens, etc., mostly illustrating surgical cases of great interest that have fallen under his care. I need not say, that with his explanations, and remarks in relation to them, it would have repaid even a very long journey; and as I passed through his library, he pointed, with *very great apparent satisfaction*, to Professor Gross' Surgery, expressing in strong terms his high appreciation of the work; thus affording me the satisfaction of knowing that one of the very first surgeons in the British Islands, if not in Europe, knew how to appreciate the work of our great American Surgeon.

Sir Patrick Dun's Hospital.

Sir Patrick Dun's is larger than Mercer's Hospital, and occupying a more elevated and less crowded position, is in every essential respect a very excellent one. In this hospital, as well as at Mercer's, Prof. Moore showed me cases of malignant "febris nigra," or *spotted fever*, as it is called in America, then prevailing there, a very large proportion of the cases having proved fatal. Some were convalescent, however; and I was gratified to

find that the treatment pursued was very similar to that generally most successful with us; as tonics, stimulants, anti-zymotics, counter-irritants, good nourishment, etc. Aside from these, there were about the usual variety of medical and surgical cases; and all, as appeared to me, very judiciously treated.

Hardwicke Hospital.

I was introduced to this hospital, which is closely connected with the Richmond District Lunatic Asylum, by Professor BANKS, Visiting Physician, who is also Counselling Physician at the Lunatic Asylum. They have about the usual variety of medical and surgical cases; the hospital being also extensive and quite well arranged. And I need not say, that under the general supervision of such men as BANKS in the medical, and KILPATRICK in the surgical departments, the treatment, medical and surgical, cannot but be judicious. Dr. KILPATRICK exhibited to me his numerous cases of diseased bones and joints, treated by incision and the deep introduction of caustic potassa cum calce, as reported by him to the British Medical Association in August, 1867; and I am compelled to say, that the success of his treatment, in the numerous cases I examined, was greater than I have ever witnessed from any other. For a full account of his mode of treatment, see *Half Yearly Compendium of Medical Science*, of January, 1868, page 154; and also *British Medical Journal* of August 31st, 1867.

Richmond District Lunatic Asylum.

The Richmond District Lunatic Asylum, in close connection with the Hardwicke Hospital, is on a large scale; quite well arranged, and admirably conducted; Prof. BANKS, and Dr. LALOR, in charge, showing me every possible politeness, and affording every facility for a thorough examination. I have rarely, if ever, seen a greater variety of lunatics; including those of *mania, monomania, dementia, moral insanity, idiotism*, etc, under better control, with so little apparent restraint; Dr. LALOR and Prof. BANKS being generally greeted by them with great cordiality and consideration; the former stopping to drop a word of comfort for the depressed, and the latter to hold a lively chat with such as were elated at the idea of being some great personage, as one GEORGE IV., imagining that he could draw rain from heaven, turn everything into gold, etc., very politely, at the Doctor's suggestion, explaining to me exactly how he did it, etc. Regular schools, for reading, writing, singing, etc., are maintained, and with a degree of order that was really astonishing to me. The mental and moral treatment there is excellent, and the *physical*, such as is indicated, to correct any deviation that may be discovered from the standard of health, just as it should be, so far as I could discover.

I may add, in this connection, that Dr. BANKS showed me at the Hardwicke Hospital, cases of the *putrid* or *spotted fever*, in addition to those so kindly shown to me in Mercer's and Sir PATRICK DUN'S Hospitals by Professor MOORE; and Dr. LALOR also exhibited to me exact drawings of the eruption, as it had occurred in the various cases; showing, as with our cases in America, a great variety of appearance, which, with the similarity of the symptoms generally to the disease as it occurs with us, may be regarded as proving their identity beyond doubt. And I will only add, that having seen and treated many cases of *malignant congestive, putrid, or spotted fever*, as it is more generally called with us, I have no hesitation in giving it as my opinion, that it is essentially a *putrid, malignant congestive fever*, caused by *animal miasms and contagions*, producing fermentation in, or putridity of the blood and its consequences; and distinct from cerebro-spinal meningitis, produced by *marsh-miasm*, with perhaps a slight combination of *animal miasm* in some cases, but not necessarily, perhaps.

Spotted fever occurred endemically and fearfully at Carthage, in Jefferson county, New York, during the winter and spring of 1865, during which time a number of cases occurred in Watertown, Adams, Henderson, and Ellisburgh, in the same county; having been evidently introduced into Watertown by a child that came down with it after visiting Carthage; and to Adams, probably by the clothing of a gentleman who went to Carthage to

attend the funeral of persons dead with it; and to Ellisburgh, and Henderson, probably from Adams. And as I was at that time at my country-seat in Adams, I saw eleven of the malignant cases that occurred in that vicinity, three of which were dying when I was called to them, without cerebro-spinal inflammation. Six cases I treated from the first, three of which recovered; the three fatal cases only, as I believe from the symptoms, having had cerebro-spinal *inflammation;* but all of them general congestion, involving of course, with other parts, the cerebro-spinal membranes. Two cases I saw in consultation, both proving fatal; one from cerebro-spinal inflammation, the other from general congestion depending upon a putrid dissolved state of the blood, as was clearly evident. The treatment that proved most effectual in these cases, and, so far as I could learn, in the Dublin cases, and those in Ireland generally, consisted in the use of stimulants, tonics, good nourishment, anti-zymotics, and counter-irritants for cerebro-spinal or other local inflammations when they occurred; and in some rare cases, alteratives. I may also add, that I saw about the same number of less malignant cases in Adams and vicinity during the prevalence of the spotted fever there, all of which recovered, after suffering for longer or shorter periods, generally after exposure to malignant cases, precisely in accordance with the observations of Dr. Charles Lingen, of Hereford, Ireland; for a full account of which see *Half Yearly Compendium of Medical Science*, page 97; and also *British Medical Journal* for July 27th, 1867, page 61, etc.

I would suggest, then, the propriety of making a distinction between *malignant congestive, putrid*, or *spotted fever*, always a putrid disease, depending upon either an *animal miasm* or contagion, and *cerebro-spinal meningitis*, necessarily inflammatory, and often, perhaps mainly, of paludal origin, as we have seen. This view will correspond more nearly with the views of our trans-Atlantic brethren, and is the one I have entertained for years, being confirmed by the cases I saw in the Dublin Hospitals.

Dublin Lying-in Hospital.

The Rotunda, or Dublin Lying-in Hospital, is admirably arranged and conducted; being, I believe, the largest of the kind in the world. And I will only add, in addition to the description that was published in this country from me, while there, that all the improvements in obstetrical practice are introduced here by Dr. Denham and his able assistants, as soon as discovered to be such. I need hardly say that the method of reducing or replacing prolapsed cord, suggested by my friend, Professor Thomas, of New York, is not only appreciated here, but deservedly so, by all distinguished obstetricians with whom I conversed abroad.

St. Mark's Hospital.

St. Mark's Hospital, near Merion Square, under the general supervision of Sir Wm. Wilde, is an excellent one, and well conducted. As, however, the treatment of the various diseases of the eye corresponds so nearly with the treatment at the Glasgow Eye Infirmary, under the care of Drs. McKenzie and Rainey, already described, I will not attempt a description of it. It is due, however, to Sir William, and Dr. Wilson, that I should acknowledge their very great politeness in aiding me to see their numerous and interesting cases, embracing the usual variety; all of which appeared to be very judiciously treated, so far as I was able to judge.

It will be seen, then, that the variety and character of diseases, in the Dublin hospitals, may be regarded as corresponding with what we have seen in the Scotch and English hospitals. And, when we call to mind the noble men, as Stokes, Churchill, Croaker, Butcher, Kilpatrick, Banks, Moorf, Wilde, Lalor, Denham, and others, that either have had, or still have, a general supervision of them, I need not say, that the Dublin are among the best conducted hospitals in the world; and as I became acquainted with all these men, I am compelled to say, that a more perfect class of gentlemen cannot be found, and while under great obligations to most of them, I am especially so to Drs. Banks, Moore, Lalor, and Denham; not

only for professional civilities and kindness, but also for the most magnanimous hospitality; an acknowledgment I should have made, to many of the first Scotch and English physicians and surgeons, as Simpson, Syme, Macleod, Bennett, Lister, Leishman, Anderson, etc., etc.

I have only to say, in concluding my remarks, concerning the British hospitals, that their *situation* and *surroundings* appeared to me to modify, very considerably, the character of the various diseases found in each, as might be expected.

French or Parisian Hospitals.

I have only to say, in relation to the hospitals of Paris, in addition to what was published from me, while there,* that I was more especially interested in the *Hotel Dieu*, situated on the island near Notre Dame, with over eight-hundred beds; the *Lariboisière*, in the north part of the city, toward Montmartre, having eight-hundred beds; *La Charité*, south of the Seine, near the University of Paris; *Beaujon*, Rue St. Honoré, near the Triumphal Arch, in the direction of Avenue Neuilly; *La Pitie*, in the southern part of the city, near the Garden of Plants, and the *Hospital of Invalid Soldiers*, also south of the river, and in connection with, or close by Napoleon's Tomb, all deserving a passing notice.

Hotel Dieu.

The Hotel Dieu, situated near Notre Dame, on the island, is an old and immense building, though not elegant or very well arranged. The wards appeared to me not well ventilated, and somewhat filthy for a Parisian Hospital. It is about to be removed to the side of the island, near the Rue Napoleon, where it will doubtless be reconstructed on the most approved modern principles. A great variety of medical and surgical cases, are assembled here, comparing very nearly with the cases in our larger American Hospitals; and the treatment is very similar. They hesitate, however, about the use of anæsthetics; and I think their surgery may be slightly more conservative than ours. Drs. Maisonneuve, of the Surgical, and Fournier of the Medical Department, are active efficient men, and gentlemen.

Lariboisière Hospital.

This excellent hospital is well situated, arranged, and conducted; being exquisitely neat and clean. Its arrangements for heating, cooking, ventilation, washing, etc., are really splendid. It has eight-hundred beds, and when I was there, six-hundred patients, consisting of the usual variety, among which were cases of enteric fever, pneumonia, pleuritis, rheumatism, asthma, tubercular phthisis, gastro-intestinal diseases, etc., somewhat prominent; and receiving, usually, the same general and local treatment we resort to in America for similar cases; and I am disposed to regard Dr. Hérard, the chief of the medical department of this hospital, as one of the very best physicians in Paris, from what I saw. He was at great pains to show me his cases, as well as all the parts and appurtenances of the grand structure that contains them, and which he manages with so much wisdom and prudence.

La Charité Hospital.

This hospital is situated in a dense part of the city, near the University of Paris, having large accommodations, and being a very pleasant one, considering its surroundings. It is well arranged, and the surgical department, then under the general supervision of the late M. Velpeau, was admirably conducted. The venerable surgeon operated with a steady hand, and as I noticed, without glasses, though about eighty. And though his step indicated his age, he was then, only a few weeks previous to his death, one of the most lively and cheerful men I saw abroad; passing from bed to bed, with a cheering remark for almost every patient, apparently greatly interesting and pleasing them. And, when through, he would sit an hour or so, and prescribe for the numerons out-patients. He treated me with great politeness and kindness; and I must say, that a deep feeling of sadness came over me when the dispatch came, soon after I returned to America announcing his death. The cases, medical and surgical, here, were very similar to those of other Parisian hospi-

* See Medical and Surgical Reporter, vol. xvii. 1867.

tals. The patients, however, appeared to me very cheerful, and comparatively happy.

Beaujon Hospital.

This hospital has an elevated site on Rue St. Honore, near the Triumphal Arch, having good surroundings; and, though not of the largest size or capacity, it is an excellent hospital, having a good variety of cases. I noticed that Dr. Gubler, one of the prominent Visiting physicians here, used hypodermic injections of atropia, in a case of sciatica. The hospital had a large proportion of tuberculous cases, for a Parisian hospital, it appeared to me, many of them being tubercular phthisis. Asthma, and emphysema were quite common, together with enteric fever, rheumatism, pneumonia, pleuritis, etc. I need hardly add, that the diseases and treatment were very like our American.

La Pitie Hospital.

This hospital rather pleasantly situated, near the Garden of Plants, has seven-hundred beds; its arrangements being as good as the average of Parisian hospitals. Among the numerous cases, I noticed quite a large proportion of tubercular phthisis, enteric fever, pneumonia, pleurisy, etc., all treated very much as an American would have treated them, and I think very properly.

Many cases in this, as well as in the other Parisian hospitals, appeared to be of malarious origin, having a remittent character, and involving, with gastro-intestinal derangements, more or less *hepatic*, as with us. Typhus fever, though occurring there, did not appear to me very prevalent.

I have not referred to diseases, the direct result of prostitution, either here or elsewhere, for the reason that they are much the same in character everywhere; the treatment, too, being similar the world over, so far as I know. I may be allowed to state here, however, without any indelicacy, that their prevalence, according to my observation in the British, French, and American hospitals, may be set down as about equally distributed.

Hospital of Invalid Soldiers.

I visited the splendid hospital for invalid soldiers, pleasantly situated south of the Seine, and in connection with Napoleon's Tomb. And going, as I did, with one of the *Imperial Guard*, who kindly volunteered to accompany me, every part of it was very politely shown to us, including the cooking, dining apartments, chapel, etc.; and, though I saw nothing of direct medical or surgical interest; the splendid structure, with such ample accommodations, containing, also, the ashes of the great Napoleon; and once graced by the ministrations of the immortal Larrey, all induced me to give this noble hospital a passing notice, with the others in Paris.

I may add, that the physicians and surgeons connected with these hospitals, with whose practice I became most acquainted, were Messrs. Maisonneuve, Hérard, Velpeau, (since deceased), Gubler, etc., though I was through the hospitals with many others I need not name, all of whom treated me with the greatest politeness and kindness, and especially Messrs. Hérard, Velpeau, Gubler, and also M. Jaccoud, Secretary of the International Medical Congress, whom I have not mentioned.

Now it will be seen that these various hospitals compare favorably with the British Hospitals, as to location, size, arrangement, variety of cases, etc. The Lariboisière is the best ventilated, best constructed, arranged, and conducted hospital I saw in Europe, so far as I was able to judge. In fact, its accommodations are good enough for any one, no matter in what circumstances. And with the great similarity that there is between the character of disease in France and America, and a like similarity of treatment, I was left without any reasonable ground for criticism, and will therefore forbear to offer any. I may say, however, that I was struck with one dissimilarity in the *development* of disease. I refer to the frequency of the *primary* deposition of tubercles in the *right*, instead of the *left* lung, as more frequently occurs with us, as I believe is generally admitted. I spoke of this to Gubler, of the Beaujon Hospital, who appeared surprised when I told him that in America the left lung is regarded as the more frequent primary seat of tubercular deposit. In his hospital it was evidently the

opposite, and I concluded from his remarks that he regarded *that* as the rule in France. In this, however, I may have been mistaken.

In closing this brief sketch of the Parisian hospitals, physicians, and surgeons, I feel bound to say that the treatment I received from them will forever endear to me the noble French people. And I can only hope that we in America may yet learn to feel and exercise to one another and to foreigners, a degree of politeness and kindness, if not hospitality, approximating, at least, that which an American physician receives in the British Islands and France. Our *age*, as a nation, may be some apology. And yet, after making this allowance, I confess, that since my return I have been pained when I have made the comparison.

I am glad to be able to say, however, that we have many exceptions; and I trust that this may become more general, till our civilization in this respect shall not only equal that of our trans-Atlantic brethren, but that we may become in this respect, as we now really are in many, an example for the whole civilized world. Let us try and see. We are of noble descent, and our liberal government and institutions should improve us, not make us worse.

But I must pass on, in conclusion, to a mere glance at a few of the American hospitals, only referring to those with which I am somewhat acquainted.

American Hospitals.

It would require a volume to describe, even very generally, the American hospitals. This I will not attempt, only referring to the few with which I have become most acquainted during the past twenty years; that I may be able to draw a comparison between our own and those abroad, etc. I will therefore only mention the Buffalo Hospital, of Buffalo, N. Y.; the Utica Lunatic Asylum, of Utica; the hospitals of Montreal and Quebec; and, finally, the hospitals of New York, Brooklyn, and Philadelphia.

Buffalo Hospital.

The hospital of the Sisters of Charity of Buffalo, N. Y., though not very extensive, is well situated, arranged, and conducted. I was there a few years since, when cholera was raging so fearfully, and shall never cease to respect the noble women who bestowed such unwearied care upon the poor sufferers; many of whom were suddenly smitten down, and brought in from the streets on planks in a state of collapse. I became satisfied also that the medical attendance there is good.

Utica Lunatic Asylum.

The lunatic asylum at Utica, N. Y., is an honor to the noble Empire State, being well situated, arranged, and constructed, for heating, ventilation, and, in fact, everything for which it was designed. It has large accommodations, and from all I have been able to discover, I incline to the opinion that the course of treatment adopted there, and the measure of success, may be regarded as comparing favorably with the great Richmond District Lunatic Asylum of Dublin, under the excellent management of Dr. Lalor, to whom I have already referred. Dr. Lalor informed me that his physical treatment consists mainly in correcting whatever deviation he could discover in the system from the standard of health. And, I believe, the same rational, common-sense course of treatment is generally pursued by Dr. Gray and others of the Utica Lunatic Asylum.

I may very properly mention, in this connection, *Brigham Hall*, an excellent private asylum for the insane, well situated near Canandaigua, N. Y., founded and ably conducted by my friend, Dr. Cook, formerly of the Utica Lunatic Asylum.

Montreal and Quebec Hospitals.

The hospitals of Montreal and Quebec which I visited a few years since, did not impress me with anything very especially, except the great number of small-pox cases and the very few of tubercular phthisis they contained; the latter circumstance fully satisfying me, and as I think, justifying the belief that the colder region of Canada, with a dry and highly electric atmosphere, is a partial security against tubercular phthisis, and probably tuberculous diseases in general, to such as may reside there. I should add, however,

that these hospitals are very well arranged and conducted, as appeared to me; and the physicians were kind and polite, being generally English and French.

New York and Brooklyn Hospitals.

The hospitals of New York and Brooklyn need no comment from me. They are numerous, capacious, well conducted, and generally quite well situated and arranged; and some of them remarkably so. *Bellevue* and others, might pass for excellent hospitals anywhere. And I need not state, what everybody knows, or should know, that the New York and Brooklyn hospitals are conducted by no ordinary men. This is apparent when we find such names as Parker, Draper, Wood, Metcalfe, Hamilton, Thomas, Flint, Van Buren, Mott, Sayre, and others, too numerous to mention.

Philadelphia Hospitals.

Finally, last but not least, are the hospitals of Philadelphia. The hospitals of this city were among the first with which I became acquainted when a student twenty-five years ago, and I have occasionally visited them since at different times; nearly all of them during the past few months. And while there are many improvements that might still be made, it is my opinion that the *hospitals of Philadelphia* are as good in every essential particular, as the average of hospitals at home and abroad, if not better.

And I am compelled to say, that while I regard the *Blockley* as an excellent hospital, and the *surgical treatment* in the Pennsylvania Hospital as superior to that of any other hospital I have ever seen, the *New Episcopal Hospital*, in the northern part of this city, with its ten acres of ground, and modeled after the Lariboisière in Paris, is in my opinion, taking everything into account, the best hospital I have seen in this country, and I think I may say anywhere. Its residents, too, are gentlemen. And though most of the physicians and surgeons connected with the Philadelphia hospitals appear to be young men, they are evidently generally efficient; and Philadelphia may really be regarded as second to no other city in the ability of its physicians and surgeons, as is apparent when we call to mind its Gross, Wood, Dunglison, Hodge, Meigs, Jackson, Dickson, Rogers, the two Smiths, Stillé, Pancoast, Gerhard, Wallace, Rand, Biddle, Agnew, Da Costa, etc., deservedly renowned everywhere.

Conclusion.

Now, in conclusion, I will only add, that as people do not generally get sick in hospitals, it may be thought by some that their situation, surroundings, drainage, ventilation, etc., can be of little account. It should be remembered, however, that the causes of this character that may operate, away from hospitals, to produce sickness, operating in and about them, tend to keep from convalescence those in hospitals thus unfavorably situated.

While, again, the difference in the *character* of disease between Canada and Philadelphia in America, and between Scotland and France in Europe, may, and doubtless does depend very much on the difference of climate; various other influences have important bearings in varying the character of disease in these various countries and localities. It is my opinion, from all I have been able to observe, that the similarity of disease in France and the United States of America may be owing, in part, to similarity of climate; but very much also to like habits; the American and French people being, as appears to me, very much alike in their habits of eating, drinking, exercise, etc., the various irregularities too common to us and them, predisposing at least to *gastro-intestinal disease*, including, in my opinion, *enteric fever;* while, on the other hand, the English, Scotch, and Irish, taking, as I think they do, plainer food with greater regularity, are less predisposed to gastro-intestinal diseases, and hence generally get *typhus* instead of *enteric fever*, as we have seen.

The damp and consequently low electrical state of the atmosphere in the British Islands may also aid in producing the typhous tendency there, and in causing the passive or asthenic character of their inflammatory affections. It doubtless also favors the scrofulous or tuberculous tendency as well as devel-

opment of ophthalmic and cutaneous affections so common there. On the other hand, the comparatively dry, and therefore highly electric state of the atmosphere of Canada in America, may very likely account mainly for the infrequency of tuberculous phthisis in Canada, when compared with the British Islands, France, and the central portions of the United States, as we have seen is the case. While, again, in the *malarious* regions of the south-west of the United States, it is very possible that the frequency of hepatic or bilious affections may lessen in those regions tubercular phthisis, the hepatic affections lessening very likely the pulmonary, on the ground of counter-irritation or attention, as is generally supposed.

Finally, all the various putrid fevers and affections depending upon *animal and contagious miasms*, as cholera, diphtheria, spotted, pernicious, and typhus fevers, etc.; though often communicated by contagion, may be and frequently are produced directly, and also rendered very much more general and malignant by a disregard, by the people, of proper *hygienic rules*, personal and public. And as this is true in relation to most diseases in all parts of the world, and as most, if not all of the *natural causes* of disease, as electrical, climatic, etc., would doubtless cease to be so especially injurious, were the laws of health, including personal and public hygiene, obeyed as they should and might be; not only in relation to hospitals, but as regards all the habits and customs of individuals and communities constituting cities, states, and nations; we have a right to conclude, that very much of the sickness and consequent suffering of the human family, might be avoided, by a rigid observance of these laws. The laws of personal and public hygiene, then, should be enforced in *towns, cities, nations, and internationally by quarantine*, as *anti-suicidal*, and with as much rigor, as laws for the prevention of any capital crime, tending to destroy human life and health.

—— Sheldon, Vt., is greatly exercised over the mineral springs recently discovered there, and which are said to possess excellent medicinal qualities.

Hospital Reports.

Pennsylvania Hospital,
February 19th, 1868.

Clinic of J. M. Da Costa, M. D.

Reported by Dr. Napheys.

Singular Case of Chorea.

Walter S., æt. 32, from Springfield, Illinois; admitted on the 11th inst. He presents a very singular case of what, for convenience, may be called chorea, although strictly speaking, it is not what is usually understood by that term. He has had a strange experience with hospitals, having passed from one to another in Europe and in this country.

He was a strong healthy man up to the time of the commencement of his present trouble. In April, 1861, while engaged in the loading of the Star of the West, prior to her departure for Fort Sumpter, on lifting a heavy box he felt something snap on the upper part of his back; the sensation seems to have been similar to that produced by a tendon slipping from some bony prominence. He immediately became unconscious, and remained in this state for about an hour. During this unconsciousness he says blood flowed from his mouth and nostrils. He struck his head against the box in falling, which may, however, have caused the latter symptoms. On recovering his consciousness, he found his head was moving from side to side, and it has been moving ever since. He was unable to walk, and was taken to the New York hospital, where he was obliged to keep in bed for a month. At the end of eight weeks, he was discharged and went to Springfield, Illinois. There has been no cessation in the rotatory movements of the head from the time of the accident, excepting when the man sleeps. The movements decrease in rapidity and force while he is going to sleep, and cease entirely when profound slumber occurs. For thirteen months, he was without medical care, and endeavored to make a living as night watchman in Springfield, shaking then all night as he had been shaking in the day, excepting when relieved by temporary sleep. But the loss of sleep incident to the occupation of night watchman, and the motion of the head seemed to have worn him out at that time. It is hardly possible to realize the suffering experienced in this way. In addition to this extraordinary motion, there was superadded from the commencement of the disease, pain of a burning, stinging, lancinating

character, along the whole extent of the spinal column.

There appears to have been no change in his condition up to the time of his admission to the hospital in Detroit in October, 1862, nor, indeed, has there been any real change at all since. From that time on, until now, he has been trying to get relief, and no relief has come. During all this period he has passed from one hospital to another, abroad and at home, and has been treated with every conceivable remedy. He has been in the hands of nervous specialists; has been subjected to counter-irritation by setons of every kind, and the actual cautery; the bromides, the salts of zinc, and in truth, almost every remedy has been used, and he still continues to shake.

Having stated the outline of the case, it will now be examined with the view of finding some clue to these extraordinary muscular movements, of ascertaining how far the affection differs from ordinary chorea, and of endeavoring to discover some treatment not tried, which would be likely to be beneficial.

The rapid motion of the head has led to a positive increase in the size of the muscle of the neck; the sterno-cleido mastoideous and the trapezius are, in particular, inordinately developed. He has pain in these muscles all the time, as well as up and down the back. At parts of the spine, there is general tenderness. There has been hyperæsthesia of the whole surface of the body, attended with a pricking sensation, which has now passed away. There is, however, still some sensitiveness over the breast and abdomen. He has paroxysms of pain in the arms and back, of a sharp, lancinating character, occurring sometimes twice a day, sometimes only once in the twenty-four hours. If he become excited, the pain will last all day. If he is quiet, it will wear off in fifteen or twenty minutes, becoming dull, and fading away gradually. There is frequent twitching of the muscles of the extremities, so much so as to often awaken him.

He cannot chew solid food. He can always, however, bolt down food in large mouthfuls, and can drink a glass of water by gulping down large quantities at a time. He lives, by preference, upon raw meat, finely chopped. This was one of the courses of treatment upon which he was placed, and he has acquired a fondness for it. He does not suffer from indigestion. Bowels regular, passage every afternoon. The urine is acid, slightly deficient in chlorides, which, however, may be accounted for by his eating raw meat habitually without salt, and contains no albumen.

It is impossible to analyze closely the cardiac sounds, on account of the sound of the muscles made by the violent shaking. No murmurs can be detected. No particular epigastric pain. No impairment of the memory. The pupils seem of natural size. He has no taste, but says he knows what is good from his recollections; he has a vivid memory of past joys, which supplies the place of taste.

This is a very extrordinary and anomalous case. Generally speaking, it may be called a case of chorea.

What is the seat of disease? Is it possible to say exactly where this curious affection began? It is necessary here not to overlook the fact of the accident. It is probable that a concussion, an irritation, possibly a laceration, took place of some portion of that tract which presides over muscular irritability and motion. Thus the case is widely separated from one of ordinary chorea, which is frequently a blood affection, as shown by the presence of anemia or of a rheumatic diathesis.

In chorea there exists rather a functional than an organic cause, or at all events, no human skill has yet sufficed to point out any organic lesion. And, with anything like proper treatment, it is usually a very manageable disease. In this case organic lesion, probably laceration of nervous fibre in the cerebellum or the upper portion of the spinal cord, with irritation persistent, is the cause of these extraordinary motions.

This diagnosis shows why treatment has proved so unavailing. It is not probable that any results will be obtained, but it is a question whether it is not worth while to take a hint from nature. This man's motions are quiet when he sleeps. Can any agent be given him which will keep him sleeping more or less, without too much interference with his whole system. He has tried opium, hypodermically as well as internally, and he has tried chloroform. He has not, however, tried some of those salts of opium which control irritation, relieve pain, and produce sleep, without the excitement which morphia occasions. He has not, for instance, taken codeia, and he will therefore be ordered one-half a grain morning and afternoon. As he has been mainly in the hospitals of Great Britain, it is very likely that he has exhausted all the ordinary remedies employed by European pathologists. But he has not probably taken cimicifuga, which is essentially an American remedy, much more employed here than elsewhere. He was therefore ordered a teaspoonful of the fluid extract of cimicifuga three times a day.

Editorial Department.

Periscope.

Surgery with Nitrous Oxide Gas.

We take the following from the *Continental Gazette*, an American journal recently started in Paris.

On the 22d of December, Dr. J. Marion Sims performed a surgical operation of unusual interest in which he made use of the new anæsthetic agent, nitrous-oxide gas. The operation consisted in the removal of the entire breast for cancer. The patient was a lady about sixty years of age, rather stout, and slightly of the lymphatic temperament. In about two minutes from the time she commenced breathing the gas, she was in a profound anæsthetic sleep. She was kept insensible for *sixteen consecutive minutes*, till the operation was finished and the dressing nearly completed. In less than one minute from the time she ceased to breathe the gas she returned to perfect consciousness, having, as she stated, experienced no pain from the operation. There was no nausea, sickness, or vomiting, as is so often the case in the use of chloroform.

There was one remarkable feature connected with the use of the gas. After the patient was first made insensible, she was allowed to breathe some air with the gas, and was thus *returned to semi-consciousness*, and continued in this condition during the entire operation. She declared, after the operation, that, while inhaling the gas, she could see Dr. Colton and Dr. Evans (who administered it), but felt no pain, though she experienced a kind of "pushing sensation."

There was present to witness the operation Baron Larrey, Surgeon-in-Chief of the Army; Sir Joseph Olliffe, Physician to the British Embassy; Dr. Pratt, Dr. Vanzandt, Dr. Pope, of St. Louis, Dr. Stearns, of Boston, U. S., and some others of note, all of whom united with Dr. Sims in expressions of surprise and delight at the operations of this new anæsthetic agent. This was, perhaps, one of the operations where the patient was kept insensible for the greatest length of time with the gas, and it certainly proved eminently successful.

The above experiment goes far to establish the fact that the nitrous oxide gas, which Drs. Evans and Colton have done so much to develope, is harmless in its operation, and while it destroys pain, *allows the patient to remain in a semi-conscious state*, with but a slight disturbance of the natural and normal vital forces. This is a great point gained over any anæsthetic now in use.

Dr. Sims said he had another patient for whom he wished to perform an operation, who was exceedingly weak and nervous, and suffering from *organic enlargement and valvular disease of the heart*, and who could not take chloroform or ether. He wished to try the nitrous oxide. An experimental trial was made with the gas, on Saturday, the 28th of December, at which the patient was kept insensible for *fifteen consecutive minutes* (during which Dr. Sims made a surgical examination), the patient awakening fresh and free from any unpleasant symptoms. It was considered a remarkable triumph with the gas.

Arsenic in Hallucinations.

M. Lisle, at the Imperial Academy of Medicine, read an essay to show that hallucinations were invariably connected with cerebral congestions, and asserts that a specific remedy in such cases is arsenious acid in doses of 5 to 16 milligrames (about 1-13 to ¼ grain) three times a day, before eating.—*L'Evénement Medical.*

Reviews and Book Notices.

The Principles and Practice of Obstetrics. By Gunning S. Bedford, A. M., M. D., etc. Illustrated by four colored Lithographic Plates, and ninety-nine wood Engravings. Fourth edition, carefully revised throughout, and enlarged. New York: Wm. Wood & Co., 61 Walker st. 1868. 1 vol. 8vo., pp. 763. *Price*, cloth, $5.50; sheep, $6.50.

Dr. Bedford's Lectures are too well known by the profession to require any analysis at our hands. They take acknowledged rank among the very best on the topic of which they treat, and that the edition before us is the fourth, is evidence enough that they are thoroughly appreciated by the reading medical public. They will be found to include every subject which relates to the obstetric art discussed at length. In fact if we have any criticism to make, it is that some subjects are discussed at too great length, and much is introduced in the way of narrative and illustration, which, though well enough in a spoken lecture, is out of place in a book.

The engravings are of average excellence, and the colored lithographs very well executed. No doubt the present edition will meet with as ready sale as have the previous ones.

Medical and Surgical Reporter.

PHILADELPHIA, MARCH 21, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

WANTED.

☞ The following numbers of the Medical and Surgical Reporter *are very much needed at our office. For* all *of them we will credit* one dollar *on subscription, or ten cents a copy for less than the whole.* Those of our subscribers who do not care to preserve their files, will confer a great favor by returning these numbers. They are:

Nos. 559. 560, 561, 562, 563, 564, 565, and 566—or from Nov. 16, 1867, to Jan. 4, 1868, *both dates included.*

VETERINARY MEDICINE.

According to its derivation, veterinary medicine,—*medicina veterinaria*—means the art of medicine applied to beasts of draught or of burden, and originally may have been confined to the treatment of the horse and ox, the two most important animals for draught. So important was it considered in the days of ancient Rome, that in the plan for a camp, we find a location assigned the *veterinarium*, quite as regularly as for the *valetudinarium*, or field hospital.

But as early as the time of Columella, a Latin writer on husbandry who flourished in the first half of the first century, the expression included the disease of all domestic animals, the dog, the hog, chickens, sheep, goats, etc., as well as the nobler beasts just mentioned. Farriery, the English term for the same art, is of equally wide application.

There is a certain prejudice against the practitioners of this branch of the healing art in the United States, and a prevailing disposition among regular practitioners to look upon it and its professors with a kind of contempt, and indeed to ignore the existence of any such application of the healing art, either as if it was a discreditable avocation, or as if nothing could be learned from it. The former sentiment probably arises from the inferior character and want of education of so many "horse doctors;" and the latter from a similar want of education among the regular practitioners themselves. For if they were better acquainted with the many valuable suggestions for practice which a study of disease in these *corpora vilia* furnish, or if their attention had been called to the many widely known and honored names of veterinary surgeons in Europe, and the numerous magazines well supported by both subscribers and contributors which are there published, they would avoid doing such injustice, either to the art or its practitioners.

There are many diseases which are common to man and the lower animals—some which he communicates to them, some which he receives from them. The greatest blessing which medical science has so far conferred upon humanity, proceeded from a study of this mutual pathological relation—vaccination. It is rich in teachings, and as yet has only commenced to be explored. Is the *tænia solium* a parasite incident to the human subject, or is it derived from the hog? Does trichinosis, which only recently has been admitted to the nosology, find its invariable origin in the same useful but repugnant animal, or can it arise *sponte suo*, even in the swine hating Jew? Is the "accursed flesh" also the cause of scrofula, as has time out of mind been supposed? These are questions which can only be answered when the diseases and pathology of this animal have been studied by scientific observers, thoroughly versed in the principles of medicine.

Again there is no disease more dangerous and difficult to combat in the human subject than glanders, and who knows what insidious and destructive effect it may already have worked in the constitution of our race? Who knows but that scourge of nations, syphilis, may have been intimately related to it in origin? The idea is not so rash as it may seem. It has as its originator no less a name than Ricord, the father of modern syphilography. His words as quoted by Cullerier, are as follows: "while studying carefully the description of the epidemic of the fifteenth century, I was struck with a fact which seemed to be of great interest. The manner in which the symptoms were transmitted, their gravity, and the predominance of constitutional over local phenomena, which latter were often wanting, or passed unnoticed, all appeared to me to bear more resemblance to what we know at the present day of acute glanders and farcy glanders than to syphilis."

"No sooner," proceeds M. Cullerier, "had M. Ricord thrown out this opinion than it was corroborated by the result of some bibliographic researches undertaken with a different object by Dr. Beau. This learned physician, while consulting an old work on the glanders, by Lafosse, found there this curious statement: that glanders was not merely unknown to the ancients, but was a new disease which appeared in Europe about 1494; that the first description of it was by Spanish writers, under the name of *muormo* or *morve;* and that it was observed for the first time in the horses of the Spanish army in Italy;" that same army, be it remembered, which Ferdinand the Catholic, sent into the kingdom of Naples, and which for centuries has had the evil fame of having introduced into that country the venereal pest. Of course we have no intention of discussing the pros or cons of Ricord's suggestion. We simply mention it to show the deep practical value of veterinary medicine to the accomplished physician.

How many hundreds of persons, thousands we may say, have perished from trichinosis, before the source, and consequently, the prophylaxis of that disease was determined? Who can say how many of the obscure diseases we still combat, treating symptomatically and often with little avail, may have their origin, directly or indirectly, from the domestic animals we harbor?

Economic considerations, the public wealth as well as the public health, might be adduced to show in still stronger light the value and the dignity of the veterinarian's calling. But the few hints we have already given are enough to redeem it from the obloquy and neglect in which it now lies.

M. Sterling, of Cassel.

M. Verhæghe, in a report to the Royal Academy of Medicine of Belgium, affirms that to M. Stilling of Cassel belongs the credit of the idea of fitting outside the peritoneum, and in the inferior angle of the wound, in ovariotomy, the pedicle of the tumor: a priority which, he states, is not recognized in England, where the credit is attributed by Mr. Spencer Wells to Mr. Duffin.

Notes and Comments.

Improvement in Dover's Powder.

In a communication to the Boston *Journal of Chemistry*, Dr. J. H. Gilman, of Lowell, makes the suggestion that in the next edition of the U. S. Pharmacopœia, the *chlorate* be substituted for the *sulphate* of potash, in the preparation of the pulvis ipecacuanhæ et opii. It would be an excellent change, and we think there is no reason why it should not be made. There is just a little too much of what is called "conservatism," in respect to onr officinal formulæ. Of what use are modern improvements in chemical knowledge and preparations, if we are not to make use of them? Why retain formulæ simply because they are old, when they are susceptible of improvement? We have often substituted the chlorate for the sulphate of potash in Dover's powder, and never without satisfaction.

Jefferson Medical College.

Summer Course of Lectures.

The Summer Course of Lectures in this college will begin on Monday, April 6th, 1868, and continue, with a recess in July and August, until the 10th of October.

The clinical department of the course will be illustrated at the College, Wills' Hospital, and the Philadelphia Hospital, by members of the association, during their terms of service at these institutions.

The course will be of a practical character, embracing important specialties in medicine and surgery, with extensive clinical illustrations.

The lectureships are constituted as follows:

Clinical Surgery.—Professor Gross.

Clinical Obstetrics.—Professor Wallace.

Clinical Medicine.—Dr. J. M. Da Costa.

Chemistry applied to Toxicology.—Professor Rand.

Materia Medica and Therapeutics.—Professor Biddle.

Visceral and Surgical Anatomy.—Dr. W. H. Pancoast.

Operative and Minor Surgery.—Dr. J. H. Brinton.

Ophthalmic and Aural Surgery.—Dr. R. J. Levis.

Venereal and Cutaneous Diseases.—Dr. F. F. Maury.

Pathological Anatomy.—Dr. W. W. Keen.

The general introductory to the course will be delivered by Dr. Brinton, on Monday, April 6th, at 12 M.

Correspondence.

FOREIGN.

Letter from Paris.

(Continued from page 245.)

Paris, Jan. 29th, 1868.

Diseases of Osseous Tissue.

In M. Ranvier's essay upon diseases of osseous tissue, the prominent points are, the distinction established between osteitis and caries, the definition of this latter affection, and the description of the march of both; finally, the announcement of tubercles in the bones as a frequent form of manifestation of the tuberbular diathesis.

Osteitis (simple) is essentially characterized by the formation of embryonic elements, pus, and fleshy granulations. The first mentioned of these phenomena is the first observed after irritation of a bone by denudation, wound, invasion of a foreign body, etc. The medullary spaces, the Hanessian canals, and the subperiosteal tissue, are observed to be crowded with new cells, resembling the white blood-globules, and those first appearing in embryonic tissues, being destitute of an overlapping membrane, and called thence, embryonic. These cells are observed in healthy bones, at the period of their development, in the medullary spaces bordering the ossifying cartilages. To obtain them for examination, Ranvier directs to remove, with the point of a scalpel, a fragment of osseous tissue immediately underneath an ossifying cartilage. This fragment should be agitated in iodized serum, when the elements will detach themselves and fall into the liquid. They will appear as homogenous or very finely granulated globes, containing one or more nuclei that only appear after addition of acetic acid.

These embryonic cells differ notably from the ancient medullary cells, that is, those occupying the inter-osseous spaces previous to the irritation of the tissue. The latter are limited by a membrane, and their nuclei are at once apparent. The presence of these new cells indicates that a new tissue is about to be formed, for, as M. Ranvier has previously demonstrated, whenever one new tissue is about to give rise to another by heteroplastic development, its cellular elements always return to their embryonic condition.

The fat cells of the medulla entirely disappear, a circumstance of great importance and constancy in all formative irritations. The fat seems to undergo some chemical modification by which it is transformed from an insoluble to a saponifiable condition. It then may be absorbed, and the fat cell may give rise to a variable number of embryonic cells. These last arise also, in all probability, from the white globules of the blood, from the ordinary medullary cells, and from the connective tissue. The production of cells is accompanied by an intense hyperæmia of the tissue.

At the end of five or six days, in experiments on animals, is noticed an *enlargement of the vascular canals on the areola of the spongy tissue.* This constitutes rarefying osteitis. The cause of this re-absorption is enveloped in great obscurity, from which M. Ranvier is unable to draw it. I pass over, therefore, the hypotheses cited and rejected.

Finally, under the continued influence of irritation, is observed an exuberant formation of bony tissue, a phenomenon long appreciated as *condensing osteitis.* New osseous tuberculæ are developed in the embryonic tissue immediately underneath the periosteum, (for Ranvier does not admit that the periosteum itself developes bone,) and with surprising rapidity in the case of animals. The mode of development does not differ from the physiological, the embryonic cells changing into osseous corpuscles, and become surrounded by calcareous salts infiltered among them.

The rarefaction and condensation of osseous tissue are only the accidents of osteitis, and may mutually replace each other as ulceration and induration of other tissues. The essential circumstance is the formation of embryonic cells.

Caries is clearly distinguished from osteitis by its initial lesion, which consists in a *fatty degeneration of the osseous corpuscles, without the least inflammatory phenomenon.* In the second stage, the necrosed osseous tuberculæ constitute *little foreign bodies which determine around themselves a suppurative inflammation.* According to Ranvier, this second stage, complicated, as it is seen, with osteitis, is the only degree of caries that hitherto has been accurately studied, and hence the lack of clear distinction between the two lesions. The degeneration of the osseous corpuscles may be observed in the epiphysis of an articulation affected with white swelling. These are formed of extremely wasted osseous tuberculæ, from which the calcareous salts must be removed by several minutes' maceration in weak hydrochloric acid, the pieces then washed and treated with acetic acid. Granulations and fat globules are then recognized in the corpuscles. But to distinguish their nuclei, it is necessary to place the tuberculæ for twenty-four hours in a solution of chromic acid at 5-1000. When the salts are thus re-

moved, the pieces are washed and treated with a solution of red aniline in acetic acid. With a magnifying power of 300 diameters, it is possible to discover some corpuscles that have preserved their nuclei, which have become irregular and surrounded by fatty granulations, but the greater number contain nothing but fat.

This characteristic alteration of the first stage of caries continues during the second. The medulla then becomes extremely vascular; the fat cells disappear, and are replaced by embryonic cells, as in ordinary osteitis; suppuration sets up; the osseous corpuscles not completely destroyed assume a new activity; the osseous substance surrounding them dissolves and sets at liberty the necrosed tuberculæ; finally, fleshy granulations form at the expense of the embryonic medullary substance. This inflammation has a reparative rôle, and when by its agency the necrosed fragments have been expelled, the morbid process cools down to the level required for regeneration.

Finally arrived at the somewhat novel subject of osseous tuberculosis, M. Ranvier announces that out of twenty autopsies of phthisical patients, he has found tubercle in the bones of six. It is the sternum, ribs, and bodies of the vertebræ which have been examined, and the medulla (or marrow) is found to be red, with a slight violet tinge and translucency. A grey tubercle is easily distinguished by the naked eye on this colored background, and cannot be felt by the finger on account of the osseous tuberculæ. If the granulations, however, are grouped together in such a manner as to determine anemia of the medulla, they can only be recognized by the microscope.

When the isolated tubercle has been removed by a needle, and placed on the *porte objet* for microscopic examination, it must be washed with a camel's-hair brush, to get rid of the medullary cells by which it is covered. It then presents the characteristic appearance of grey tubercle. To thoroughly study the granulation, however, thin slices should be made from a piece of bone macerated for a month in chromic acid at 5-1000. The solution should be several times renewed.

When the tuberculous granulations are confluent, the medulla of the bone undergoes the cheesy transformation, previously, however, becoming trauslucent. The osseous tuberculæ included in the cheesy mass are generally unaltered, but in other cases have sometimes become rarefied.

The osseous corpuscles also escape the degeneration; their nuclei become irregular, but their cavity contains no fat granules, and by this fact fact the cheesy transformation resulting from confluent tubercle may be distinguished from that caries, in which, as before noticed, fatty degeneration of the osseous corpuscle is the essential lesion.

Relations of Tubercle with Blood-vessels.

Following upon this essay on tuberculosis in bone, comes that of M. Ranvier's colleague, Cornil, upon the relations of tubercle with the blood-vessels. These were first studied in the pia mater of individuals who had succumbed to tuberculous meningitis. When the pia mater in the fissures of Sylvius is examined, tuberculous granulations are discovered in the shape of extremely fine, grey, semi-transparent points, disseminated along the border of the vessels. In addition may be seen a grey or yellowish-grey zone, such as formerly would have been called a layer of plastic lymph.

If the meningitis is very recent, and the granulations very fine, their existence can only be assured by removing the pia mater, and spreading it on a lamella of glass, and letting the light fall upon it obliquely. Under a magnifying power of from twenty to thirty diameters, these granulations appear nebulous and granular, spherical masses, situated around a blood-vessel that passes through their centre, or astride of two or three branches at their point of separation. On either side of the granulation the vessels are filled with red globules, but in the centre of the opaque mass the red color of the blood can no longer be distinguished.

But the vessel and its branches, instead of being compressed by the tuberculous mass, are more voluminous at the point of deposit, a circumstance due to two causes; 1st, to a coagulation of fibrine in the cavity of the vessel; 2d, to the multiplication of the elements of the adventitious or cellular tunic, and consequent distension of the lymphatic sheath.*

In addition to these two alterations which are constantly observed, is, 3d, a multiplication of the plastic cells of the connective tissue of the pia mater itself surrounding the vessel.

These alterations characterize the granulation observable to the naked eye. The fine grey opacity which surrounds the blood-vessels during the greatest part of their extent, like a sheath, constitutes a peripheric zone contained between the lymphatic and the muscular tunics, and is

* This last is the fourth tunic, recently discovered around the blood-vessels of the pia mater, and whose existence is connected with diverse theories on lymphatic circulation.

composed of the same elements and same fundamental substance as the granulations. It is a diffused form of tubercle, and is accompanied by a characteristic proliferation of the elements of the connective tissue. The circulation of the blood is rarely interfered with in vessels affected merely by this lesion.

In other serous membranes, as the pleura, peritoneum, and pericardium, also in the liver, kidneys, and lungs, the tubercular deposit occupies the same position in regard to the blood-vessels. The walls of the latter are thickened by interstitial proliferation, and compressed by the hypertrophy of the connective tissue in which they are imbedded, and to the impediment to the circulation arising from the loss of elasticity of the parietal tunics of the vessels is added that resulting from the coagulations of fibrine in their cavity.

Thus lesions of blood-vessels and of their contents, constantly accompany tubercular deposit in all systems and all organic tissues, especially perhaps in the lung. To them may be largely attributed the congestions, cheesy pneumonias, and destruction of the diseased tissue of this organ.

[To be continued.]

DOMESTIC.

Letter from Cincinnati.

Editors Medical and Surgical Reporter:

The interest in the medical world of the past few weeks, has centered in the college commencements. During the last week of February the *Cincinnati College of Medicine and Surgery* held its commencement in the College building in Central Avenue. The number of students in attendance here was not large, but the course of instruction has been marked by care and attention on the part of the faculty. The number of graduates was ten.

The 22d of February witnessed similar exercises at the *Miami Medical College*. Prof. Chapman delivered the valedictory. A large number of the friends of the faculty and class were in attendance, as well as many ladies. Their graduates numbered 30.

Prof. Mendenhall received the class and invited guests at his new residence during the same evening. Before adjourning, a splendid repast was set out. Altogether, the entertainment was a pleasant affair.

The exercises of the *Ohio Medical College*, took place on the evening of March 2d. Prof. P. S. Connor delivered the valedictory. Prof. C. has been appointed to the chair of chemistry during the past year. His address was well received. There were fifty-four graduates. After the exercises, a banquet was given at the St. Nicholas, where a large number of the friends of the school were entertained.

The *Ohio Dental College*, last evening, conferred the degree of D. D. S., upon nine (9) students.

The hospital clinics during this winter, have been of a highly interesting character. At the Commercial Hospital, Prof. Foote ligated both carotids for an aneurism of the orbit. Prof. Dawson removed a large tumor of the uterus, including that organ. Prof. Blackman, at the Good Samaritan Hospital, among a number of other important operations, excised Meckel's ganglion, (first performed by Prof. Carnochan, of N. Y.) The operation was for the relief of facial neuralgia, and has been entirely successful. Prof. B. will report the case soon. The above are only a few of the usual operations which were almost daily performed before the classes.

The new hospital rapidly approaches completion, and will be the finest in the west.

It is contemplated to appoint the staff by a method similar to that observed by the French, viz., by *concours*.

On Monday evening, March 2d, took place the annual election of officers of the *Cincinnati Academy of Medicine*. The attendance was large and much interest was manifested. Dr. J. Davis was elected President for the ensuing year.

During the past year the Academy has discussed many scientific questions. Among others, that of the water supply of the city. The Academy numbers over one hundred and fifty members, and is in every respect a model institution. * *

Serious Result of Eaves Dropping!

Editors Medical and Surgical Reporter:

I was summoned in the early part of the evening of December 23d, to attend Mary B., æt., 22, single, primipara, strong and well developed, who, as the servant said, had fallen down in a fit. Upon inquiry, I found that the patient had been listening to a conversation in the adjoining room which she suspected involved her reputation. She became very much excited, and was seized with a pain which she attributed to colic, being perfectly well before; a few minutes after she was taken with another, which expelled a fine healthy boy weighing seven pounds. During the time, she stood erect without any support. The distance of the fall was about three feet. The umbilical cord broke about one and a half

inches from the fœtal end. There was less hemorrhage than usual, and no difficulty in removing the placenta.

Both mother and child did well, notwithstanding the expeditious manner in which nature acted her part. P. L.

Philadelphia, March, 1868.

The Treatment of Cerebro-Spinal Meningitis: A few words in Answer to Dr. P. R. Reamy, of Henry C. H., Va.

Editors of Medical and Surgical Reporter:

I have read, with warm interest—pleasureable and painful—Dr. Reamy's article about Cerebro-spinal Meningitis, in the Reporter of February 15th ult.: pleasureable, because of the light that flashes through the short article, painful, on account of the heart-sympathy I feel with the writer in his struggles against the fearful disease under notice. He says, "I have tried all sorts of treatment, have stimulated *a la* Todd and Bennett; bled, blistered, purged—as I thought the occasion demanded—given calomel, quinine, opium, separately and combined—treated others *semi-homœopathically*, with all the adjuncts of hot and cold baths, etc., etc., and with *but tolerable* success!"

Now, I beg leave, very respectfully, to suggest another style of treatment, which I suspect Dr. Reamy has not tried, as he has made no allusion to it in his article. *Puke your patients thoroughly with lobelia inflata*—with the tincture, or a very strong tea made of the seeds, or of the leaves of the plant. Do this the very first thing after getting to your patient. Do it fearlessly; pour into your patient's stomach as much of the tea, or of the tincture well diluted with lukewarm water, as you can get him to swallow; and if he do not vomit in ten minutes, give him a teaspoonful of super-carbonate of soda dissolved in half a pint of warm water. This will produce free vomiting; your patient will be thrown into a fine and full perspiration, and you will then be "master of the situation." Six hours after the full emesis, it will, perhaps, in a majority of cases, be best to administer a full dose of calomel. Morphiæ, judiciously administered before and after the dose of calomel, will allay all the pain, and will not, as you know, narcotize the patient.

The skin and kidneys should both be kept properly active till the patient is fully convalescent; for, however skilfully you may have made your diagnosis, a considerable amount of *arachnitis* may be fairly presumed to be present: and as the serous tissues are all in deep sympathy with each other, diaphoretics and diuretics ought to be freely used in treating any inflammation of them. But perhaps you have read Wood's Therapeutics, and will be afraid to make a bold use of the lobelia, lest it prostrate your patient alarmingly. With all deference to the distinguished Dr. Wood, (and I yield to no one in a *proper* respect for him,) I differ with him almost *toto cœlo* in what he says about the danger of using lobelia. I have used it boldly, and perhaps in many hundreds of cases, of various kinds, during the last twenty-five years, and I have *never* seen any mischief follow its administration. My authority, I know, is not equal to Professor Woods', but if you and others who may read this article, will boldly, carefully, and skilfully follow my suggestions in your treatment of cerebro-spinal meningitis, you will soon know for yourselves, as I know for myself, that there is no danger in lobelia, when properly used; but that, on the contrary, it is one of the best and most powerful medicines in the world. I will add, that tr. lobelia, (or the tea) is the best drug now known to relieve all forms of tetanus. Pour it into the patient's mouth with a spoon—*pour it in*—all you can get him to swallow, and that of the strongest tincture you can get, and shortly he will vomit freely, his jaws will be relaxed, his muscular rigidity will depart, and you will soon have him well. Wm. Hauser, M. D.,

Bartow, Jeff. Co., Ga., March 9, 1868.

News and Miscellany.

MEDICAL COLLEGE COMMENCEMENTS.

Bellevue Hospital Medical College.

The Bellevue Medical College, New York, held its commencement exercises at the Academy of Music, on Saturday evening, the 29th of February. A very large audience was present. The music, under the direction of Mr. Bergmann, was very fine. The exercises consisted of prayer, and the administration of the Hippocratic oath, by the chaplin, Dr. Beach; the conferring of degrees by Dr. Taylor, the President of the College; addresses by Mr. Clarence A. Seward, and Dr. F. H. Bosworth, of the graduating class. Mr. Seward's address reviewed the qualities necessary to professional success, as viewed by one outside the profession, and concluded with advice to the graduates. Dr. Bosworth's oration showed study in its preparation, being historical in its nature, and concluded with valedictory

remarks to the class. The graduates numbered one hundred and eleven in all, as follows:

California—W. W. Butterfield.

Connecticut—J. O. Scofield.

Florida—N. P. Jelks.

Georgia—R. T. Parsons, C. E. Estes, G. J. Grimes.

Iowa—W. D. Middleton, J. F. Baker, W. D. Cone, S. Haskins.

Indiana—H. V. Passage, M. W. Wiley, G. W. Fleming, H. F. Harper, J. M. Harris.

Kansas—C. A. Logan.

Kentucky—W. A. Hocker, F. A. Darling, R. C. Briggs, J. T. Rizen.

Maine—W. L. Hall, A. P. Weeks.

Maryland—J. M. Morris, S. H. Fundenberg.

Massachusetts—A. G. Blodgett.

Missouri—E. M. Kerr, W. F. Emerson, J. M. Forrest, J. L. Robinson, A. A. Wheeler, F. E. Ross.—6.

New Jersey—C. H. Potter, P. B. Pumyea, H. C. Bleyle, W. C. Alpaugh, A. N. Moller.

New Hampshire—C. W. Tolles, J. M. Rix.

New York—G. Cosine, L. Johnson, G. W. Wells, W. C. Jordan, H. S. Gardner, H. S. Kimhall, E. D. Ferguson, D. Murray, A. F. Gillette, T. B. Johnson, C. Eberhard, P. Woolf, E. G. Cotton, H. B. Murray, G. Cleary, S. J. Brady, F. M. Deems, T. J. Radigan, R. M. Clark, S. Shermell, D. C. Carr, A. V. B. Lockwood, S. L. D. Ellis, P. G. Clark, D. F. Reynolds, T. M. B. Cross, J. D. Bryant, T. B. Corbally.—28.

North Carolina—F. J. Haywood.

Ohio—C. G. Stedman, J. V. Bean, J. B. Read, L. J. Cunkle, W. C. Peacock, H. C. Bartleston, J. M. Scott, F. H. Bosworth, A. C. Miller.—9.

Pennsylvania—B. F. Boyer, A. M. Kalbach, F. M. Laubach, H. H. Clark, W. S. Hardman, C. H. G. Gardner, H. B. Lackey, J. N. Rice, L. M. Halloway, Q. E. Snyder.—10.

Rhode Island—W. C. Angell, E. A. Angell.

Tennessee—J. C. Ellis.

Vermont—E. C. Harwood, C. C. Woodworth.

Virginia—R. Page, G. H. Eyster, A. Tunstall, J. A. Wilson, L. K. Stout, V. F. Garrett, D. E. E. Murray, J. R. Stout.—8.

Wisconsin—G. E. M'Keeby.

West Virginia—T. B. Edmiston.

British Possessions—A. R. Robinson, G. Waters, D. S. Frazer, N. G. M. McMaster, Canada; T. C. Stockton, J. Gilchrist, New Bruswick; B. Beckwith, D. Webster, J. M. Fuller, Nova Scotia. Total, 111.

New York University.

The exercises of the University Medical Department were held at the University building, on the evening of Tuesday, the 3d inst. The class was larger than at any time, we believe, since the outbreak of the rebellion. The address to the graduates was delivered by Professor Darling, of the Medical Department. It was full of sound and appropriate advice to those about beginning their medical career. A list of the graduates, as well as the award of prizes and medals, follows:

Alabama—Jacob H. Pruett.

California—C. W. Horner, Wm. P. Welch.

Connecticut—Bernard Hughes, J. H. Morgan.

Illinois—James McIlvain.

Kentucky—L. Bennett, Edward F. Merritt.

Maine—Geo. C. Estabrook, E. G. Fogg, R. L. Grindle.

Minnesota—C. E. Rogers.

New Jersey—John Q. Bird, S. G. Clark, C. C. Clarkson, Wm. K. Gray, S. P. Harned, P. V. P. Hewlett, Alfred A. Lewis, Geo. W. Smart.—8.

New York—A. Assenheimer, Max Broening, E. W. Close, James A. Duggan, M. C. Dunigan, Albert D. Elmer, John E. Ferdinand, Benjamin Franklin, L. P. G. Gouley, Wm. Haggerty, J. C. Hallock, Charles Hammel, C. J. Holmes, R. P. A. Gentz, D. H. Johnson, Jerome Kidder, Thomas C. Knox, L. R. Lamport, Seth M. Mitchell, Wm. H. Munn, Charles K. O'Hara, J. J. Reynolds, J. L. Robertson, E. L. R. Satterlee, J. O. T. Schurig, James Smith, Moses C. Stone, Abram B. Sturges, John Thompson, Anthony Voelker, J. V. S. Woolley.—31.

North Carolina—Wm. M. Abernethy, Daniel R. Ambrose, W. J. H. Bellamy, Edward Clark, Thomas W. Harris, G. A. Jones, Wm. A. Lash, Alexander Montayne, Thomas J. Moore, J. W. Sanders, K. R. Taylor, T. B. Twitty.—12.

Ohio—John W. Pardee.

Rhode Island—T. Sullivan.

South Carolina—J. L. Jordan.

Tennessee—D. A. Kennedy.

Vermont—Luther H. Mosely.

Virginia—Wm. L. Broaddus, Robert W. Dorsey, A. M. Henkel, R. C. M. Page, W. Taliafero.

Foreign—J. L. Diaz, L. G. Herrera, Capetillo M. y Lastra, Mesa J. y Llarena, G. P. Ramirez, Cuba; Charles Inches, Caleb Secord, New Bruswick; F. Leflufy, Syria; A. Asadoorian, Turkey. Total, 82.

Certificates of Honor.

Connecticut—B. Hughes.

Kentucky—E. F. Merritt.

Maine—E. G. Fogg.

New Jersey—John Q. Bird, S. P. Harned.

New York—A. Assenheimer, James A. Duggan, M. C. Dunigan, A. D. Elmer, J. E. Ferdinand, B. Franklin, L. P. G. Gouley, J. Thompson.

North Carolina—D. R. Ambrose, W. J. H. Bellamy, T. J. Moore.

South Carolina—J. L. Jordan.

The following are the awards of medals of honor:—Mott medals: Gold, to James Synott, Conn.; Silver, to A. L. Ranney, N.Y.; Bronze, to B. Hughes, Conn. Budd Prize, Thomas J. Moore, N. C.; Roosa Prize, W. J. H. Bellamy, N.C.; Buttles Prize, James C. Hallock, N.Y.; Jacobi Prize, $100, divided among four competitors.

College of Physicians and Surgeons, New York.

The Sixty-first commencement of the College of Physicians and Surgeons was held at Steinway Hall, on Thursday evening, March 5th. The exercises consisted of Prayers by the Rev. Dr. Weston; Conferring of Degrees, by the President, Dr. Delafield; Announcement of Prizes, by Profs. Clark and Dalton; Addresses, by the Rev. Dr. Hall, and Dr. Thos. H. Kenan, of the Graduating Class. The award of Prizes was as follows: Harsen Prize, to Charles A. Leonard, of Mass. Prizes for Theses, 1st, to Ed. Frankel, of New York; 2d, to Ben. R. Swann, of Brooklyn.

The following is the list of graduates:

Alabama—William H. Ross, Jun.

Connecticut—Charles Culver, James G. Gregory, George H. Hawley, Charles T. Jewett, Charles E. Lockwood, Charles B. Parkhurst, Charles S. Rodman, Walter K. Scofield.—8.

Georgia—Herschel V. Johnson, Jun., Thomas H. Kean.

District of Columbia—Edwin A. Kilbourne.

Illinois—Wallace E. Sabin, Thomas S. Bond.

Indiana—Frederick M. Aitken.

Iowa—John T. Luck.

Kentucky—Samuel P. Craig.

Maine—Calvin F. Bonney, John A. Callender, Frederick Kidder.

Maryland—Robert L. Lusby.

Massachusetts—George E. Foster, Theodore Giddings, Charles H. Leonard, John J. Prendergast, Samuel W. Torrey, John B. Tyler, Frank Willmarth.—7.

Michigan—Frederick D. Marshall.

Missouri—Samuel H. Frazer.

New Jersey—Waldbury H. Coleman, Jonathan A. Coles, William A. Corwin, Henry N. Dodge, John L. Duryee, David C. English, James O. Pingry, Robert M. Rea, Phillippe Ricord, Stephen V. W. Stout, Charles H. Thompson, Leslie D. Ward, Theodore F. Wolfe.—13.

New Hampshire—John T. Young.

New York City—Philip E. Arcularius, John N. Beekman, Joseph R. Benjamin, Charles S. Bull, Matt. B. DuBois, Edward Frankel, Gustav Frauenstein, William E. Griffiths, Frederick F. Harral, Niel J. Hepburn, Joseph B. Holland, Charles Laight, D. Valentine Lynch, Robert J. M'Gay, John Nolan, Julius L. Parke, Edward W. Shauffler, Norton J. Sands, Robert W. Taylor, Roger S. Tracy, T. Hall Tripler, John W. Warth, Jr., Francis H. Weisman.—23.

New York State—Geo. H. Bosley, Benjamin M. Briggs, Byron Cummings, Henry O. Ely, Charles D. T. Gibson, Frederick P. Henry, John M. Kellogg, Warren Kemble, James J. M'Carty, Howard W. Phillips, Monroe T. Pultz, Frank W. Rockwell, William C. Rodgers, John Sharp, Geo. H. Sherman, Daniel M. Stimson, Henry T. Strong, Benjamin R. Swan, James C. Thomas, Jerome Walker.—20.

Ohio—A. J. Lanterman, Morris H. Miesse.

Pennsylvania—Wm. J. Chandler.

Rhode Island—Albert E. Ham.

Vermont—John A. Mead, Henry J. Miller.

Wisconsin—Charles S. Sheldon.

U. S. Navy—A. B. Judson.

British Possessions—Aggeus Outerbridge, Bermuda; Wm. Aug. Avery, John F. Black, James E. M. Lordly, Daniel M'Ewan Jr., John H. M'Kay, Frederick D. R. Marshall, Nova Scotia.

Total, 102.

—— In 1471, Louis XI borrowed a book from the faculty of medicine at Paris, but before he could procure it he was compelled to deposit a large quantity of plate, and to get some of his nobles to join him under a heavy penalty to restore it.

—— Dr. Henry M. Hooker, an eminent physician of Lowell, Mass., died suddenly on the 10th inst., in the Police Court of that city, while testifying in a case.

—— Prof. Stephen Smith has been nominated by the Governor to be Sanitary Commissioner for the Metropolitan Health District, N. Y., in the place of Prof. Willard Parker.

—— The Dragon Tree.—The giant specimen of the *Dracæna Draco* growing at Orotova, in the Island of Teneriffe, was destroyed last autumn in a gale of wind. This tree was first brought into general notice by Humboldt about 60 years ago, when he computed it to be 6000 years old.

CHANGES IN THE NAVY.

List of changes etc., in the Medical Corps of the Navy, during the week ending March 14, 1868.

Surgeon of the Fleet, J. D. Miller, detached from the Wampanoag, and ordered to the "Contoocook."

Surgeon Wm. M. Wood, and Ass't Surgeon G. B. Le Compte, detached from the U. S. Receiving Ship Alleghany, and await orders.

Assistant Surgeon Jos. G. Ayres, detached from the "Wampanoag," and ordered to the "Contoocook."

Assistant Surgeon H. N. Beaumont, detached from the "Iroquois," and ordered to the "Hart ford," vice Assistant Surgeon C. H. Page, deceased.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

Fisher—McElevey.—In Cincinnati, March 4th, at the residence of the bride's mother, by Rev. Dr. Moore, Dr. H. C. Fisher, of Evansville, Ind., and Miss Amanda McElevey, of that city.

Hand—Taylor.—In Philadelphia, March 12th, at the residence of the bride's parents, by the Rev. Wm. Cathcart, John H. Hand, M.D., of Cape May co., N. J., and Miss Pamelia A., only daughter of William M. Taylor, of this city.

Pumpelly—Foot.—Feb. 29, at Christ Church, Cooperstown, N. Y., by the rector, the Rev. Hillhouse Buell, John Pumpelly, of Owego, N. Y., and Mary A., second daughter of the late Lyman Foot, Surgeon U. S. A.

DIED.

Dinsmore.—On the 3d inst., in Peachbottom, Pa., Andrew Dinsmore, M.D., in the 69th year of his age.

Montgomery.—At Peekskill, N. Y., March 8, Phebe Hassert, widow of the late Dr. Alexander M. Montgomery, U. S. N., in the 69th year of her age.

Shelton.—In Stratford, Conn., March 6th, Dr. Wm. T. Shelton, for fifty years a practitioner in that town.

Smith.—In New York, March 7, Carrie Culver, infant daughter of Dr. Stephen and Lucy E. Smith, and granddaughter of the Hon. E. D. Culver, aged 1 year and 9 months.

Taylor.—In Cleveland, Ohio, Feb. 27th, Dr. Edward Taylor, aged 57 years, a ruling elder in the Westminster Presbyterian Church of that place.

Whinery.—Feb, 25th, 1868, at Fort Madison, Iowa, Dr. Edward Whinery, for many years a well known and highly esteemed practising physician of that city.

METEOROLOGY.

March,	2,	3,	4,	5,	6,	7,	8.
Wind.....	N. E.	N. W.	W.	N. W.	S. W.	S.	S. W.
Weather....	Cl'dy. Snow.	Clear.	Clear	Clear.	Clear.	Clear.	Clear.
Depth Rain.							
Thermometer.							
Minimum.....	17°	*2°	*4°	3°	17°	30°	38°
At 8, A. M.....	26	8	10	20	28	40	45
At 12, M.....	23	12	20	32	42	52	51
At 3, P. M.....	22	17	25	34	40	54	54
Mean.....	22.	8.25	12.75	22.25	31.75	44.	47.
Barometer.							
At 12, M.....	29.4	30.1	30.3	30.7	30.7	30.4	30.3

Germantown, Pa. B. J. Leedom.

* Below zero.

PHILADELPHIA

SUMMER SCHOOL OF MEDICINE.

ROBERT BOLLING, M.D.
JAMES H. HUTCHINSON, M.D.
H. LENOX HODGE, M.D.
EDWARD A. SMITH, M.D.
D. MURRAY CHESTON, M.D.
HORACE WILLIAMS, M.D.
GEORGE C. HARLAN, M.D.

The Fourth Session of the Philadelphia Summer School of Medicine will begin March 1st, 1868, and will continue until October.

Clinical Instruction will be given from the first of March to the first of October.

Lectures and Examinations will take place daily during April, May, June, and September.

EXAMINATIONS.

Anatomy, Chemistry, Physiology,
Surgery, Materia Medica, Obstetrics,
Practice of Medicine.

OPERATIVE AND MINOR SURGERY—Lectures, and Demonstrations of Bandaging and Dressing of Fractures upon the Manikin and of Surgical Anatomy and Operations upon the Cadaver, by H. Lenox Hodge, M.D.

PERCUSSION AND AUSCULTATION IN DISEASES OF THE LUNGS AND HEART.—Lectures and Clinical Examination of Patients, by James H. Hutchinson, M. D.

MICROSCOPE.—The structure of the Microscope, and the manner of using it, will be explained, and the microscopical appearance of the tissues and fluids in health and disease will be exhibited by Horace Williams, M.D.

URINARY DEPOSITS AND TESTS.—Students will be instructed in the microscopical and chemical examination of the Urine, and will be enabled to make themselves familiar with the necessary manipulations, by James H. Hutchinson, M. D.

MATERIA MEDICA.—Lectures by Robert Bolling, M. D.

DISEASES OF THE EYE.—Lectures upon the Anatomy, Physiology, and Diseases of the Eye, by George C. Harlan, M. D.

DISSECTIONS AND SURGICAL OPERATIONS may be practised by the members of the class.

THE SOCIETY OF THE MEDICAL INSTITUTE meets once every month.

CLINICAL INSTRUCTION.

Pennsylvania Hospital.—The advantage of attending the Lectures, Operations, and Clinical Examinations at this important hospital will be secured without charge.

Episcopal Hospital.—Drs. Hutchinson and Smith will take the class through its well-arranged wards, so that by the bedside disease may be accurately studied.

Children's Hospital.—Much of a physician's practice being among children, it is essential that their various disorders should be seen by the student. Drs. Hodge, Hutchinson, and Cheston will, during the session, have charge of the numerous out-door and in-door patients of this establishment, and will offer every facility to the class.

Dispensary for Diseases of the Heart and Lungs will be conducted by Dr. Hutchinson in connection with his lectures.

FEE FOR THE WHOLE COURSE, FIFTY DOLLARS.

OR ANY PART MAY BE TAKEN SEPARATELY.

OFFICE STUDENTS will be received by Drs. Bolling Hutchinson, and Hodge, for the whole or part of a three years' course of study. They will be admitted to the Summer School and to the Winter Examinations, and Clinical Instruction will be provided for them at the Pennsylvania, Philadelphia, Episcopal, and Children's Hospitals. They will be given special instruction in the Microscope, Practical Anatomy, Percussion and Auscultation, Practical Obstetrics, Bandaging, and Operative Surgery. They will be enabled to examine persons with diseases of the heart and lungs, to attend women in confinement, and to make microscopical and chemical examinations of the urine.

WINTER COURSE OF EXAMINATIONS will begin with the Lectures at the University of Pennsylvania, in October, and will continue till the close of the session.

Candidates for Admission to the Army and Navy, and those desiring promotion to a higher grade, may obtain private instruction.

Fee for Office Students (one year), $100.
Fee for one Course of Examinations, $30.

Class Rooms, No. 920 Chestnut Street.
Anatomical and Surgical House, College Avenue.
Apply to H. LENOX HODGE, M.D.,
N. W. corner Ninth and Walnut Streets,
574— Philadelphia.

THE [illegible]

MEDICAL AND SURGICAL REPORTER.

No. 578.] PHILADELPHIA, MARCH 28, 1868. [Vol. XVIII.—No. 13.

Original Department.

Communications.

BIOGHAPHICAL SKETCH

OF THE LATE

WILLIAM GIBSON, M.D., LL.D., Etc.

By Samuel W. Francis, M. D.

Dr. Gibson, a native of Maryland, for many years a resident of Philadelphia, and Professor of Surgery in the University of Pennsylvania; and lately a citizen of Newport, Rhode Island, was born, a twin, in the city of Baltimore, 1788, and died at Savannah, Georgia, March 2, 1868, aged 80 years.

When a youth, he attended Annapolis College, at that time governed by Dr. McDowell, President of the institution.

He afterwards entered the Sophomore Class at Princeton College, New Jersey.

In 1806 he visited Europe, and pursued his studies in the University of Edinburgh, whence he was graduated Doctor of Medicine in 1809, and soon after published his thesis in Latin. This may be read at the present time with pleasure to the ear, and instruction to the mind, so easily does it flow; so euphonious is the choice of words; forming, as it were, an oasis in the arid plains of school book dissertations, so common at that time; when, in order to become a medical man, the young aspirant was forced to appear classical. This is an additional proof that compulsory work *may* be thorough; but voluntary labor is richer in its results, and more congenial to the observer's taste.

While at Baltimore, Dr. Gibson entered the office of Dr. John Owen; and when he went abroad, profited by the instruction of Sir Charles Bell, whose celebrated work on the "Hand," is deemed by many scholars the most fascinating of all the Bridgewater Treatises. Dr. Gibson often met Benjamin Robert Haydon, that nervously enthusiastic painter, at Sir Charles Bell's office, while the latter was dissecting a lion, for anatomical purposes, whose head was painted in a bold and truthful manner, by the distinguished anatomist himself—the possession of which Dr. Gibson prided himself on, and took pleasure in showing to those of his friends who visited his curious and valuable collection of works of art.

Dr. Gibson practiced in Baltimore in 1810, and was one of the founders of the University of Maryland, where for some years he held the responsible position of Professor of Surgery. In 1812, he took up the common iliac artery, and rendered essential service during the memorable riots in that energetic city. In 1810, he married Miss Sarah Charlotte Hollingsworth, daughter of Samuel Hollingsworth, Esq., of Baltimore, by whom he had two daughters and three sons. By a second marriage, he had three children. His religious faith was that of the Protestant Episcopal Church.

His favorite branch of practice was ever that of surgery, being of a mechanical turn of mind, which taste developed itself at an early age; for when but seventeen, he built a small house, for his amusement, in Baltimore, then a row-boat; and even at the advanced age of eighty, he continued to work at his bench, for on calling on him a few months since, he took me over his shop, and pointed out each tool, particularly dwelling on the beneficial effects of such work to one afflicted with gastric neuralgia.

Among his many accomplishments might be mentioned a peculiar skill in painting; playing on musical instruments, particularly the violin, and a *con amore* taste for stuffing birds of a strange genus that he might shoot during his hunting expeditions.

In speaking of the practice of medicine, "My friend," said he, "men get along by

tact more than by talent. I have known a doctor who acquired a large practice, though he was a man of no extraordinary ability, because his address and appearance were gentlemanly, and he had the power of being able to sit down by any bedside and cry with assumed sympathy for the patient's sufferings. Cooper was a great man, but he did not possess the ability of Bell."

In 1809, during his first sojourn abroad, though quite young, on hearing that the battle of Corunna was about to be fought, he obtained letters from influential friends, and receiving some merely formal appointment, through the agency of this official position, went on board a transport and was present during the engagement; at the very time that Sir John Moore was shot by the French, a fact memorable in literature, from those effective lines:

"Not a drum was heard, not a funeral note," etc.

On another occasion Dr. Gibson, though a mere youth, was taken by Sir Astley Cooper to see him operate for hernia on some learned author of celebrity; an honor which, in common with others, he was very fond of narrating to social friends.

While going through the wards of a hospital with Velpeau, that surgeon brought him to the bedside of two men who were under treatment for some slight fracture. "Would you believe it," said Velpeau, "those men have made a living for the last fifteen years, by being knocked down and run over. When they see a light wagon driven by some wealthy person, coming by, they step across the street, and are sure to be run over, picked up, carried to the hospital, and sue for damages; and when their money becomes exhausted, they begin again. Nearly every bone in their bodies has been broken."

Dr. Gibson was travelling in the vicinity of Waterloo, at the time of the battle, and immediately secured the means of being present at that engagement, during which, he informed me, he was slightly wounded. It was also his privilege to remove the ball from Winfield Scott at the battle of Lundy's Lane. (This fact is mentioned in General Scott's autobiography.)

During his European experience, it was his good fortune to meet with, see, and become intimate with many of the most prominent men of this century, described in a genial manner in his "Rambles."—Among these may be mentioned Napoleon Bonaparte, Lord Byron, the two Moores, Dugald Stewart, Sir David Baird, Horace Hastings, Benjamin Brodie, Sir James Clark, Lord Jeffrey, Bell, Roget, Madame Lafayette, Dr. Bostock, Ricord, Dr. Hasting of Worcester, Sir Harry Halford, Abernethy, Pott, Hunter, Victor Hugo, etc.

Having visited nearly every captivating quarter of the civilized globe, Dr. Gibson gave the preference (saving Guernsey) to Newport in summer, and Savannah and Florida in winter, as regards climate. His health from youth was most excellent, owing to continued out-door exercise, which resulted in almost marvellous physical power. When quite young he was trained under the famous Jackson of America, and when in London took lessons of the well known Tom Belcher. His height was five feet nine inches, and weight one-hundred and sixty pounds. Even up to a few days before his death, while visiting the South, Dr. Gibson followed the pursuit of Isaak Walton; and often, last summer, might he be seen in his little phæton driving down with some friend to the neighboring pond of fresh water, where, with the skill of an old fisherman, he launched his own craft, made fast by some mysterious padlock of the middle ages. Ere many minutes, he was engaged in unhooking very fine perch.

Having seen much of society, many years ago, the doctor spent most of his time either driving, or in what he quaintly styled his cottage—his "Pill Box,"—where he was accustomed, after the manner of Rogers, to entertain his friends at breakfast. During those occasions, it was not only interesting and instructive to listen to his rare conversational powers, but to the anecdotes, some "*pars magna fui*;" others that had been heard applied to every object, all which caused the time to roll by with rapid strides.

One of his peculiarities was keeping his journal. This he had done for over sixty years, and it embraced something in the neighborhood of one-hundred and fifty volumes. In it he recorded all changes of the weather, his visitors, and his criticisms on anything remarkable in their appearance

or conversation; his opinion of any event of note; and each receipted bill handed him would be pasted in. During his residence in Philadelphia, he was not infrequently summoned to appear at court, with his journal as evidence concerning some railroad accident, many months before, on which occasion he was known to be present, as it was presumed he had written down the result of the collision on the very day it had occurred. A most interesting life of him ought to be published from this journal, and his letters.

Dr. Gibson never smoked; but told me that when three years old he had got hold of a cigar, and it had nearly killed him. He had been Vice-President of the Anti-Tobacco Society in London years ago. He considered smoking injurious to the nervous system, and that it promoted blindness; that the nicotine entered the globules and passed into the circulation. By not smoking, he believed that he had added some twenty years to his life.

His appearance was that of a gentleman who had seen much of the world, while the expression of his eye seemed to possess all the power of youth; and his aquiline nose indicated a degree of perseverance not usual in one of easy circumstances. The Doctor's memory was remarkable. On one occasion he said, incidentally to me, that he could repeat the first three hundred lines of the second book of Virgil. On the strength of this assertion, I immediately quoted the first line; and, true to his word, the old gentleman went on, line after line, till I declared myself satisfied.

During his zenith, in the lecture-room and before he interspersed his remarks with professional anecdotes, it was said by an appreciative listener, that "if the eyes were shut, it would seem like reading a book." By his frequent visits to foreign parts, and continued absence, at times he would meet with very ludicrous questions from some medical man, who had not personally known him. It was not unusual for a gentleman to ask the Doctor if he had lived in Philadelphia.

"O, yes, sir," was the reply.

"Did you know a Dr. Gibson who lectured in the University of Pennsylvania many—many years since?"

"Very intimately, sir."

"The one I mean died a long time ago."

And then laughing heartily, the Doctor would reveal himself as the veritable original, much to the confusion of his interrogator. Now, alas, he cannot make this reply again; and while snow, frozen daylight, is still around us, he has been gathered to his fathers in a ripe old age, to be missed by many whom he has befriended.

Dr. Gibson added much to his reputation by publishing a faithful account of some interesting cases of dislocation of long standing, where he tried, by means of force, to reduce the luxation. Though he had before been successful in similar cases, the arteries were ruptured and the patients died. As a warning to other surgeons, and with a desire to offer his experience in these instances, he furnished the profession with a valuable brochure on the subject, which is constantly quoted in this country and abroad.

He was also one of the few medical men who could boast of having performed the Cæsarian section twice on the same woman, on different occasions, and with the surprising result of the recovery of both mother and children. This was a great triumph for American surgery.

Some of Dr. Gibson's works are

1. 1809—Dissertatio Physica Inauguralis—DE Forma Ossium Gentilitæ—etc., etc.—Edinburgi. 1 vol.

2. 1841—Rambles in Europe in 1839, being sketches of prominent surgeons. 1 vol. 309 pages.

3. 1841, November 1—Introductory lecture to a course on the principles and practice of surgery in the University of Pennsylvania. Pages 34.

4. 1843. Nov. 4.—Lecture as above, pages 24.

5. 1844, Nov. 6—Introductory before the medical class of the University of Pennsylvania. Pages 25.

6. 1846, April 3—Valedictory address to the class of medical graduates of the University of Pennsylvania. Pages 16.

7. 1848—Lecture correlative to a course on surgery in the University of Pennsylvania, embracing a short account of eminent Belgian surgeons and physicians, etc., etc.; delivered Dec. 22, 1847. Pages 32.

8. 1850.—Three lectures preliminary to a course on the principles and practice of

surgery, delivered on the 4th, 8th, and 9th October, 1849; before the medical class of the University of Pennsylvania. By William Gibson, M. D., LL.D., Professor of Surgery. Pages 57.

Dr. Gibson's "Surgery" has gone through eight or nine editions, and is still quoted as authority. Some of his remarks and suggestive hints as regards treatment of the knee-joint, have much weight with the modern practitioner.

CASE OF SCIRRHUS TUMOR OF STOMACH AND PANCREAS.

By James Williams, M. D.,
Of Philadelphia.

Mr. ——, æt. 75, in the month of September, 1866, complained of difficulty of retaining his urine, which was voided in very small quantity, though frequently; he was suffering from an irritable bladder, which continued for some months, the result, I am fully convinced after close scrutiny, of a nervous affection arising from a morbid state of the mind. The urine, upon examination, proved to be of a perfectly normal character. This condition was followed by a disinclination for food, and repeated diarrhœa; when this yielded to treatment, the indigestion which attended became confirmed dyspepsia.

In the month of June, 1867, the patient called my attention to the fact of his suffering a severe pain, particularly after taking food or drink, in the region of the stomach. Upon examination, I discovered above and about twelve lines to the right of the umbilicus, a small tumor, of the hardness of cartilage. Convinced of the seriousness of this, and not satisfied with my own view of its position and character, I consulted with my friend, Dr. Robert Burns, of Frankford, who, upon examination, decided that the tumor involved the pancreatic gland, but in order to be more fully satisfied, if possible, we determined to submit the case to Dr. J. M. Da Costa for examination, and to be governed by his decision. Dr. Da Costa, after a thorough examination, unhesitatingly confirmed the first diagnosis. The patient at this time drove and walked about daily, but in a very listless and despondent way. The dyspeptic symptoms became aggravated and increased, eventuating in hypochondriasis.

Constant allusion to the tumor by the patient enabled me to watch its growth and progress very closely; for a long time he would not be satisfied if I did not make an examination at every visit. By the use of moderate tonics, and a strict diet of pap, bread and milk boiled, rice and milk, and oatmeal porridge, etc., the dyspeptic symptoms were greatly lessened. After having administered nux vomica and nit. bismuth and quinia, piperine and strychnia alternately, the patient being very much emaciated, I ordered a diet of strong animal food, extract of beef, venison, venison soup, terrapins, oysters stewed, etc., and roasted potatoe the only vegetable. During all this time there were no febrile symptoms, the pulse ranging from 75 to 78 up to the time of death, though emaciation was more perceptible day by day.

Mr. —— was born in England, and was attached to the army under the Duke of Weltington. After the close of the peninsular campaign, and the battle of Waterloo, he came to this country in the full vigor of health. The first sickness I ever knew him to have, was in the year 1817, when he suffered from a severe attack of hepatitis, from which he was relieved by the skill of the late Dr. Jos. Parrish. He has always been exceedingly temperate, both in eating and drinking, and has been a man of most extraordinary vigor, endurance, and youthful activity, up to the time of his last sickness. Though he has met with numerous accidents, he was never seriously injured but once, about fifteen years since, when upon his farm, a cow thrust him upon the chest with the point of her horn, which produced great inflammation, resulting in an internal abscess, to relieve which Dr. Jos. Pancoast passed a curved bistoury up behind the anterior walls of the chest. I have attended him for some very severe attacks of quinsy, to which he was very susceptible; this and an occasional diarrhœa, are the only ailments I have known him to suffer from, and I have known him since my boyhood.

I think it proper to here mention that the first complaint Mr. —— made to me of any pain in the region of the stomach was in the month of June, 1867, when he stated that a few days previously, when he was very warm on a hot day, he ate a quantity of ice-cream, and that shortly after he felt severe pain, which, as will appear, terminated by death.

The alvine evacuations were apparently of a healthy character, occurring two or three times a week, and sufficient for the amount of food taken. I could not discover at any time any assimilation of fatty matter. The patient did not complain of thirst, and with the exception of a relish for oysters stewed, showed a perfect indifference for food. There never was vomiting at any time, though he had great apprehensions of it, and said that he was afraid the excrement would be voided by the mouth, that he could frequently taste it.

On the morning of the 24th of January, I was sent for, with the information that during the night before, the patient was very restless and could scarcely be kept in bed. When I arrived, about 10, A. M., I found him dozing, but pulseless. When he awoke, he was comparatively free from pain, with the exception of great dyspnœa; intellect perfectly clear. At 3, P. M., he urged me to get him upon the commode. When upon the side of the bed, the distress of breathing was greatly relieved, but when I got him upon his feet, he sank into my arms, and I eased him upon the seat, but with a slight jar. He never spoke again, and at 4, P. M., died in that position.

The next morning I opened the abdomen and found a tumor, more extensive than I had any idea of. Thinking this case to be a very interesting one, and not having any one to assist me in my examination, I closed the opening, and the body was brought to the city for burial. I called upon Dr. Da Costa, and greatly regretted to find that his engagements prevented my having his assistance in a further examination. I, however, secured the aid of my friend, Dr. N. Hickman, and the autopsy disclosed the following facts.

A tumor, scirrhus in character, consistence of cartilage, fully the size of one's fist, irregular in form, was found attached to and growing from the pyloric extremity of the stomach, attached to left lobe of liver, and involving the entire pancreatic gland; the anterior wall of the stomach, to which the tumor was adherent, was torn away, leaving an aperture into the stomach of about two inches in diameter. This, I have no doubt, was caused by the weight of the tumor, and the slight but sudden jar received when the patient sank down upon the commode, and yet vitality remained for nearly an hour after. I have no doubt, from the history of the case, and the appearance of the mucous membrane, that the disease commenced from the exterior, and gradually encroached upon the other coats of the stomach.

LEPTANDRIN AS A THERAPEUTIC AGENT.

By A. P. Dutcher, M.D.,
Of Cleveland, Ohio.

In the year 1852 a young man entered my office as a student, who had studied medicine for a year with an eclectic practitioner, and attended one course of lectures at the Cincinnati Eclectic Medical Institute. Coming as he did just from the great fountain of eclecticism, he was brimming full and bubbling over with admiration for their new mode of medication, and some of the therapeutic agents that they had recently introduced into their materia medica, *Leptandrin* in particular was the special object of his encomiums. It was a wonderful agent; a grand liver stimulant, and would speedily supplant mercury in all diseases connected with functional derangement of the stomach and bowels.

At the time this student came to me, I had under my care quite a number of cases of chronic ague. Some of them came from the far west, had suffered with the disease for a long time, and as a consequence were completely broken down in health; emaciated, anæmical, listless and dull, sallow skin, loss of appetite, enlarged liver and spleen, costive bowels, with occasional paroxysms of chills and fever. I seldom failed in curing these cases with the following treatment. The pa-

tient was placed in a warm bath for fifteen minutes every other evening just before retiring to rest. When the liver and spleen were enlarged, the abdomen was painted over every day with a solution of iodine prepared according to the following formula:

℞. Iodinii, (pure,) ℥j.
Potassii iodidi, ℥ij.
Aquæ font., f.℥iij. M.

And for the purpose of relieving the enlargement of the liver, correcting the excretions in general, eliminating morbid materials from the blood, and restoring it to its right state, the following was prescribed:

℞. Mass. pill. hydrarg., gr. xv.
Ferri ferro cyanuretum, ℥j.
Quiniæ sulph., gr. xxx.
Strychniæ, gr. j.
Ext. gentianæ, ℥j. M.

Ft. massa et divide in pill. No. 60.

Sig. 2 pills three times, a day immediately after each meal.

By the persuasion of my pupil, I was induced to try the leptandrin in some of these cases. Indeed I have never been backward in testing new modes of practice or new remedies. The first patient to whom I gave it was a young man from Indiana. His case was like a number of others that I was treating at the time. He had chills and fever every second day, with congestion of the liver and enlargement of the spleen. In the above prescription I omitted the pill. hydrarg., and added thirty grains of leptandrin. He had but one paroxysm of chills and fever after commencing the treatment. Beside this there was little or no improvement in his condition for more than three weeks, although the treatment was promptly and faithfully attended to.

As my patient now began to complain because he did not get any better, I discontinued the leptandrin, and gave the mass. pill. hydrarg., in connection with the other remedies, according to my usual practice. His improvement was now remarkable, and in four weeks he returned to his home in better health than he had been for four years. In this case the leptandrin did not appear to have the slightest effect upon the liver. It relaxed his bowels somewhat, but produced no change in the color of his stools. He had taken mercury and quinia several times before he came to me. But the first was not taken with a view of producing its alterative effect, only as a cathartic, and the latter simply to check the paroxysms of chills and fever. Hence his disease became chronic, and rendered his life miserable for the most of the time mentioned. Cases like this can only be cured by the persistent use of alteratives, anti-periodics, and restorative hæmatics.

About the same time I gave the leptandrin another trial in a case of chronic ague, where there was congestion of the liver. The patient was a young woman aged 18. She came to me from Canton, Ohio; a place that is somewhat obnoxious to intermittent fever. When I first saw her she had the appearance of an individual in the last stage of pulmonary tuberculosis. She was very much emaciated, her menses were suppressed, her pulse was rapid and her breathing hurried, had cough and expectoration, night sweats, sallow skin, high colored urine, diarrhœa, legs and feet slightly œdematous. She rests badly at night, appetite very poor, and is troubled at times with nausea and vomiting. Her mind was gloomy, and she has with all the rest of her afflictions frequent attacks of hysteria. A physical exploration of the chest showed no pulmonary lesion, excepting bronchial congestion. The liver was very much enlarged, and there was considerable tenderness on pressure over the entire abdomen, but no sensible enlargement of the spleen. The dejections from the bowels were very frequent, abundant, and composed mostly of serum. She has been under medical treatment for more than a year. The chills have been frequently arrested by quinia, only to return in a short time with increasing severity. A large dose of quinia taken a few days since, appears to have checked them for the present.

The first and most pressing difficulty to be overcome in this case, appeared to be a mild form of gastro enteritis. This was evident from the red tongue, the occasional attacks of nausea and vomiting, the abdominal tenderness, and the frequent serous dejections from the bowels. She was, therefore, ordered to keep her bed constantly; use no diet but beef-tea, and drink nothing but gum water or iced

lemonade. The abdomen was covered with a blister of emp. cantharides, and a teaspoonful of the following was to be administered every four hours.

℞. Morphiæ sulphas, gr. ij.
Infu. hydrastis canadensis, f. ℥iv. M.

This treatment promptly relieved the irritation of the stomach, and mitigated the diarrhœa. At the expiration of five days, the blistered surface being entirely healed, and there being still considerable tenderness of the abdomen on pressure, the blister was reapplied. After this the gastro-enteritis gradually gave way. The bowels became more regular, the appetite improved, and she was every way more comfortable. Her liver, however, still remained very large, and its functions were indifferently performed. To meet this trouble, I concluded I would give the leptandrin another trial. It was therefore prescribed thus:

℞. Leptandrin, gr. xxx.
Quiniæ sulphas, ℥j.
Ext. hyoscyami, gr. xxx. M.
Ft. massa et divide in pill. No. 60.
Sig. 2 pills three times a day after each meal.

The warm bath and iodine were also employed as in case first. The patient's hygienic surroundings were all good, and every thing appeared to promise a speedy convalescence. But after four weeks of faithful treatment she was very little better; her bowels were rather free, and the stools very light colored, giving very little evidence of the presence of bile, and if there was any change in the color of the skin, it was more sallow. I, therefore, discontinued the leptandrin, and added ten grains of mass. pill. hyd., to the prescription. It acted kindly; in ten days the liver was very much diminished in size; the skin was not near so sallow; the urine was loaded with bile pigment, and the stools also; and her strength very much improved. In three weeks from the commencement of the administration of the blue pill, the liver trouble was about relieved. She was afterwards treated to restorative hæmatics, and in three months from the time she came under my care, returned home in good health.

The next case in which I tried the leptandrin was one of ordinary congestion of the liver, caused by suppression of the cutaneous perspiration from undue exposure to cold. The patient was a man aged 40, of a marked bilious temperament, and of temperate habits. When he came to me he had not been feeling well for several days. His skin and the conjunctiva were quite yellow. His pulse was 58 per minute; skin warm and dry; tongue thickly coated with yellow fur; urine scanty and high colored; bowels costive; complains of thirst, nausea, but no vomiting. Is very stupid and says that he could sleep all the time. There is no enlargement in the region of the liver or stomach; neither is there any tenderness on pressure. Has pain in the head and back; had chills and fever the first day of his illness.

Ordered alcoholic fumigating bath on retiring to rest at night, and one of the following powders every four hours.

℞. Leptandrin, gr. viij.
Podophyllin, gr. ij.
Ext. hyoscyami, gr. x. M.
Ft. in chart No. 8.

Three days after the patient called again; said that four of the powders had purged him severely, but he did not feel any better. His skin was still very yellow, and dry, pulse and tongue the same as on the first visit. Directed him to repeat the fumigatory bath and powders.

Four days after he returned again, said he felt much worse. His bowels were very loose, dejections mostly mucous and streaked with blood, and were attended with tormina and tenesmus. Ordered the patient to keep his bed, and prescribed one of the following powders every six hours:

℞. Leptandrin, gr. vj.
Pulv. ipecac. comp., gr. xxvj. M.
Ft. in chart No. 6.

The next morning found the patient more comfortable. The bowels did not move but twice during the night, and the dejections were more fecal. Continued powders.

Three days after this he was up, feeling a little better, but there was not the slightest evidence that his liver difficulty had been reached by the leptandrin. He was now ordered one grain of blue pill three times a day, in connection with a tablespoonful of the following:

℞. Potass. acetat., ℥ss.
Sp. æth. nit., f.℥ij.
Aquæ font., f.℥viij. M.

Three days of this treatment was sufficient to remove the enlargement of the liver, and expel every vestige of the icterus.

Since that day I have employed this favorite liver medicine of the eclectics in a large number of cases. But its action is very feeble upon that organ in comparison with mercury. Indeed as a liver stimulator it can never supply the place of mercury. In all grave cases of congestion of that organ it is a perfect waste of time to prescribe it, and an unnecessary prolongation of the patient's suffering.

A better remedy of the eclectics to meet this case is *Leontodin*. It acts with ten fold more power than leptandrin as a cholagogue, and when I wish to produce free and copious bilious evacuations from the bowels, I am in the habit of prescribing it thus:

℞. Leontodin, gr. xij.
Mass. pill. hyd., gr. vj.
Podophyllin, gr. ij.
Ext. hyoscyami, gr. viij. M.
Ft. mass. et divide in pill. No. 6.
Sig. One pill every six hours.

Thus while my experience leads me to attach but little value to the influence of leptandrin as a remedy in disorders of the liver, yet in duodenal indigestion, chronic constipation of the bowels, and some forms of follicular disease of the mucous membrane of the intestines, I have found it to be a therapeutical agent of considerable importance, and worthy of more attention than has hitherto been given to it by the members of the regular profession.

In duodenal indigestion depending upon a want of pancreatic juice, and the secretions of the glands of the duodenum, I have found few prescriptions that have met my expectations better than the following:

℞. Leptandrin, gr. xxx.
Hydrastin,
Ext. nuc. vom., āā gr. xv.
Ext. gentianæ, ʒi. M.
Ft. mass. et divide in pill. No. 30.
Sig. One pill three times a day just before eating.

In ordinary constipation of the bowels from a want of the secretions of the glands of the small intestines, or from inertia of the bowels, leptandrin in connection with podophyllin and strychnia, will often relieve the difficulty speedily. In the constipation of young women suffering from chlorosis, leptandrin is often useful, prescribed thus:

℞. Ferri sulph., ʒj.
Leptandrin, gr. xxx.
Strychniæ, gr. j.
Ext. gentianæ, ʒj. M.
Ft. mass. et divide in pill. No. 30.
Sig. One pill three times a day after each meal.

In cholera infantum when it has passed to the second stage; when the general fever has abated, when the tongue has become red and shining, the thirst great, the abdomen swollen, the dejections from the bowels composed mostly of a jelly like mucous and undigested food. With a quick pulse, emaciation, and other grave symptoms I have frequently seen them speedily give way under the administration of leptandrin, geranin, and quinia.

There cannot be the least doubt that cholera infantum is, in some way, associated with an abnormal condition of the muciparous follicles of the small intestines. In the upper part of the intestines they are very numerous, and make their appearance about the time of teething, when a general development of all the parts connected with the assimilating functions takes place. Post-mortems have shown that in cholera infantum the most remarkable anatomical change is excessive development, inflammation, and ulceration of the muciparous follicles.

I believe that leptandrin has a special alterative action upon these follicles, and if given before disorganization has taken place, there is a reasonable probability that it will restore them to their normal condition. Some have supposed that it has no direct action upon these follicles, but that the beneficial change is produced by its action upon the liver, relieving portal congestion, and increasing the biliary secretion. I do not, however, subscribe to this view of the case. Amendment often follows its administration long before the appearance of any extra amount of bilious matter in the stools, proving very conclusively that its action is confined more to the glands of the intestines.

Here is a favorite prescription of mine in chronic cholera infantum:

℞. Quiniæ sulph., gr. iv.
Leptandrin, gr. ij.
Geranin, gr. vj.
Pulv. ipecac. comp., gr. xij. M.
Ft. in chart No. 12.
Sig. One powder every 6 hours.

Some writers have recommended leptandrin very highly in dysentery and typhoid fever I have often administered it in these diseases, but I could never see any special advantage from its use. When given in connection with podophyllin as it almost always is by eclectic practitioners, I have seen it prove very injurious in both of these disorders. And I would never recommend any one to prescribe it in either of them. When there is active inflammation of the intestinal mucous membrane it only augments the difficulty. At least such has been my experience with these two articles when administered in connection.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Conversational Meeting, Wednesday Evening, Feb. 12th, 1868.

Subject for Discussion—The Therapeutical Uses of the Alkaline and Earthy Sulphites.

The President, Dr. Geo. Hamilton, in the chair.

In the introductory remarks upon the subject presented for discussion during the evening, viz., the Therapeutical Uses of the Alkaline and Earthy Sulphites, Dr. Bolles stated, that nearly twenty-five years ago, the hyposulphite of soda was made use of in medicine by Chaussier and Bielt, of Paris. It soon fell into disuse, but was revived again by M. Quesneville as an adjuvant in the treatment of scrofulous and chronic cutaneous affections. Other physicians, alike in Europe and America, gave it at various times a trial, and recommended it highly. Some eight or nine years since, the whole subject received a scientific investigation from Professor Polli, of Milan. Strongly impressed with the curative power of sulphurous acid as an antiseptic agent, this gentleman commenced a series of experiments in order to ascertain to what extent sulphurous acid and its salts could be rendered efficient in the treatment of disease. In a paper read before the Dublin Obstetrical Society, by Dr. De Ricci, of that city, these experiments are detailed. The antiseptic properties of sulphurous acid were first demonstrated. Animals recently killed, were suspended in a closely covered vessel, partly filled with a solution of sulphurous acid and water, of only sufficient strength to supply by evaporation a very small quantity of sulphurous acid gas to the atmosphere. The result was the entire preservation of the animal tissue, without the slightest taint of decomposition, for several months. Next followed experiments upon the various forms of fermentation, as the vinous, the diastatic, and the pancreatic, and in every case by the addition of small quantities of sulphurous acid, the catalytic action was entirely saspended. But these only proved the efficiency of the acid in checking fermentation outside of the body. Moreover, sulphurous acid by itself could not be introduced into the animal economy with safety in sufficient quantities. In addition, it was the opinion of Bernard, the eminent physiologist, that any substances calculated to arrest fermentation in the blood, would at the same time prove so injurious to the system as to altogether preclude their use. Notwithstanding these objections, Prof. Polli next began to administer to dogs the sulphites of soda, magnesia, and lime, in doses of various degrees of strength, with the satisfactory result that they were perfectly harmless, even when given in as large quantities as four drachms daily. At the same time it was noted that the acid in the form of salts was scarcely less effective in checking fermentation than when used by itself.

All the investigations up to this point were confirmed by actual experiments conducted by Dr. De Ricci, who further demonstrated the entire harmlessness of the salts when administered to the human subject in almost unlimited quantities. But Prof. Polli's investigations were carried still further, until he had proved,

1st. That the sulphites, when administered to a living animal, are carried *as such* into the circulation, and can be detected by chemical test in the blood, urine, and other secretions.

2d. That the presence of these salts in the organism at the time of death will retard the process of putrefaction for a considerable period.

So much having been proved, a different class of experiments, nearly one hundred times repeated, were instituted. These consisted in inoculating numbers of dogs with unhealthy pus, with putrid blood, with the discharge from the nares of a glandered horse, and other poisonous organic substances. Some of these dogs were treated previously to and during the operation with the sulphites; they all recovered, while those not so treated died.

But the only evidence that can be accepted in any remedy is its practical application to disease. Is the testimony in this respect satisfactory? Dr. De Ricci, of Dublin, has furnished several papers to the *Dublin Quarterly Journal*,

in which he speaks in the highest terms of the practical value of the sulphites in measles, in a case of infection from animal poison, and in a poisoned wound, occasioned by laceration from the thorns of the cactus. In this last mentioned case the arm was greatly swollen, the course of the poison being plainly traced by the lymphatics. The sulphites were resorted to internally and externally, but from not being sufficiently long continued, there were symptoms of a relapse, which, upon a return to an increased dose, were promptly subdued, and a complete recovery was soon effected.

In the *American Journal of Medical Sciences*, there are several instances recorded of the successful use of the sulphites. Dr. W. F. Atlee reports two cases of pyemia; Dr. A. Hewson twenty-seven cases of erysipelas; Dr. Dale and Dr. Mattson, of this State, each report the successful treatment of cases of sycosis menti; Dr. Leavitt, of Germantown, a case of intermittent fever of long standing, which had resisted the sulphate of quinine; Dr. Baxter, of Iowa, one hundred cases of intermittent treated with the sulphites alone, with entire success. Dr. Fisher, of Chicago, in his "Report on the Use of the Sulphites of Lime and Soda," published in the Transactions of the American Medical Association for 1865, states that he has successfully used these salts in cases of blood poisoning, in erysipelas, in confluent small-pox, and in diphtheria complicated with erysipelas. Dr. N. S. Davis, of the same city, in a letter to Dr. Fisher, says, "During the last fifteen months I have used these remedies frequently, in such cases of disease as were suspected to depend on the action of an animal poison. During that time I have used them in eight cases of unmodified confluent small-pox, eleven cases of the most severe grade of idiopathic erysipelas, three of cerebro-spinal meningitis, and four of puerperal metritis. Of all these cases, twenty-six in number, every patient but one recovered; and that one, a child, was convalescing from the small-pox, when the complication of pneumonia supervened, from which the patient died." Two other cases of recovery from pyemia during the administration of the sulphites are communicated to Dr. Fisher by other physicians of Chicago.

In one of the French journals, Dr. Constantin Paul states that in October, 1865, a patient arrived in Paris during the prevalence of cholera. He was in a portion of the city where the disease had not previously shown itself. In a short time one of the house servants was attacked with cholera, from which she died. Several other cases rapidly followed. Regarding the sudden outbreak of the disease as due to the fetid character of the evacuations of the dysenteric patient, Dr. Paul began to use a solution of hyposulphite of soda, at first as a disinfectant, by which means the offensve odor of the discharges was entirely dispelled. Afterward, in the form of an enema, he made use of the solution with a view to disinfect the excretions while yet in the bowel, and not only accomplished this, but also gave great relief to the patient.

Some allusion should be made to the form of the sulphites administered. In a paper read before the British Medical Association by Prof. Polli, he recommends for internal use the sulphite of magnesia, as containing more sulphurous acid, and as being more agreeable than the other preparations; as a prophylactic, the hyposulphite of soda, when it does not act too much as a purgative; and for external use the sulphite and bi-sulphite of soda, as more soluble than the magnesia salts. For internal administration, the sulphite of magnesia is especially useful, as it will always be tolerated, even when the stomach is in an irritable condition.

With these evidences in favor of the use of the sulphites in certain forms of disease, are not these remedies worthy of a more extended and general application?

Dr. Burns stated that for the last few years, intermittent fever had been extremely severe, at the post of which he is the medical officer, which has been an intermittent locality for a century. Year before last, he used eighteen ounces of quinine, and last year sixteen. At the suggestion of the Medical Director of the Department, he commenced last year the use of the sulphite of soda, and before the fall was ended, he had not five on the morning sick list where he had had twenty before. He combined it with quinine and capsicum. He is satisfied from his experience with it, that it is a highly useful remedy in intermittent fever. He has not had much experience with it locally, but employed it in one case of severe gangrenous ulcer of the lower limb, with very marked good effect. It is a remedy extremely worthy of trial in many cases. It appears to have the effect of preventing any enlargement of the spleen and liver, as a consequence of intermittent fever.

Dr. Nebinger stated that his attention was called to the use of the sulphites by a paper which was presented to the American Medical Association in June 1864, by Dr. A. Fisher of Chicago, Illinois. His account of the effects of the sulphites of lime and soda, was such as to

attract notice to these remedies, and induce a trial of them. A very interesting paper has been published in the *American Journal of Medical Sciences* by Dr. Addinell Hewson of this city, detailing a number of cases in which the bisulphite of soda had been employed externally in cases of erysipelas occurring in the Pennsylvania Hospital. The results thus obtained were such as to commend the remedy very largely to the use of every physician.

Dr. Nebinger, having seen a large number of cases of erysipelas in his practice and being anxious, of course, to manage them in the best way, had not always relied upon the same treatment. Iron was with him a favorite remedy. He had achieved more by the use of iron internally, than by any other medicine before he employed the bi-sulphite of soda. The effects of the bi-sulphite, however, were found to be so much more positive and speedy in the control of this disease than any other remedy previously tried, that it deserves to be looked upon as, par excellence, the remedy in the management of erysipelas. He has used it internally and externally. It is not saying too much to designate as wonderful the rapidity with which this salt will occasionally control an attack of erysipelas. A patient, seen on the second day of the attack, had the nose, part of the forehead, nearly all the cheek and the whole of the upper lip covered with the erysipelatous blush. The constitutional symptoms were very decided, and the history of the case was such as to indicate a very rapid spread of the disease. That patient was put under the influence of the bisulphite of soda, locally and generally, and in forty-eight hours from the time of the commencement of treatment, there were no more evidences of erysipelas present than if the individual had never had an attack.

An old gentleman, 65 years of age, bald, of full habit, called at Dr. Nebinger's office with erysipelatous inflammation of the face. The bisulphite of soda was prescribed for him externally and internally, and he was advised to remain at home. When seen the next day, the disease had extended somewhat but very slightly. The remedy was continued, and on the following day there was a diminution in the inflammation of the face. He was seen daily until but a small patch of erysipelas remained upon the cheek. The solution of the salt was discontinued then externally, but he was directed to keep up its internal use. Forty-eight hours elapsed before he was again seen. Then instead of finding him fully convalescent, as was expected, his face was even more covered than it had been at any anterior time, and the inflammation had involved about one-half the scalp. On inquiry, it was discovered that he had not taken any of the medicine since last seen. The same treatment was resumed. In a short time, the disease, notwithstanding that the relapse was very much worse than the original attack yielded very kindly and rapidly to the bisulphite of soda. In this case it was evident that something controlled the erysipelas, and it is fair to assume that it was not hygienic treatment, but the medicine employed. So soon as the remedy was withdrawn, the disease, left to itself, at once began to advance, although it had nearly disappeared, and in forty-eight hours the erysipelatous condition was worse than ever before. Upon commencing again the use of the medicine, the disease stood still, and then began to recede, as blow after blow was struck, until finally it was overcome.

A delicate boy, fourteen years of age, presented, what upon a cursory examination appeared to be a pustule, forming on the nostril, causing an inflammatory blush upon the nose. Some ointment was applied, and neutral mixture ordered. He was not seen for two days, when an erysipelatous blush covered nearly the entire face. Under the use of the bisulphite of soda, internally and externally, he was entirely well in a week.

In regard to the external use of bisulphite of soda, it will sometimes produce inflammation of the skin, and even give rise to pustulation which, however, is very readily controlled. Therefore, when the erysipelatous blush is receding, it is not well to push the external use of the remedy.

In prescribing the bi-sulphite of soda, the hyposulphite is sometimes put up by druggists who do not seem to make the distinction between the two. There is a vast difference between the two in chemical constitution, physical appearance, taste, and effects upon the system. The bisulphite of soda has a disagreeable taste, peculiar to itself, while the hyposulphite of soda has one which is very like that of Glauber salts, which it also resembles in physical properties.

Dr. Nebinger has been in the habit of prescribing two drachms of the bi-sulphite of soda in a four ounce mixture, (two ounces each of water and syrup,) of which the patient takes a tablespoonful every one and a half or two hours. For external use, an aqueous solution of the same strength (ʒij. to f.ʒiv.) is employed, applied by wet cloths over the surface.

If those who have not used bi-sulphite of soda in erysipelas will give it a trial, both internally

and externally, they will doubtless come to the conclusion that it is the best of all known remedies for the control and management of erysipelas.

Dr. Nebinger said it is not necessary to refer to all the cases of erysipelas which he had treated with the bi-sulphite of soda. Those mentioned were the analogues of the other cases, which he had successfully managed with this salt. It was only necessary to say that the controlling power of the medicine in erysipelas was so marked and highly satisfactory as to cause him to regard it as a most potent agent in the management and control of this distressing malady.

Editorial Department.

Periscope.

Ergot in Paralysis of the Bladder.

Dr. Leon Serbet was called to a patient, aged 66 years, who had been suffering from incontinence of urine for fifteen years. On the day of the visit the patient had complete retention. There was no constriction of the urethra, marked sensibility, or obstacle to the passage of water, except a slight enlargement of the prostate. At the end of eight days the patient had still no power over the bladder. The case being considered as one of paralysis, owing to over distension, it was concluded to try the ergot of rye in powder; thirty grains during the day. This produced no effect beyond slight pains in the hypogastric region, and the water still required to be drawn with the catheter. At the end of ten days the ergot was administered in fifteen-grain doses, four times daily, at twenty minutes interval before and after a hip-bath given in the morning. From this time the patient could urinate, and the incontinence disappeared. This treatment was continued for fifteen days, at the end of which time the patient was cured.—*Med. Gazette, N. Y.*

Beneficial Effects of the Poison of Bees, Wasps, and Fishes.

Dr. Teliphe P. Desmartes, a French savant, has been experimenting upon insects, fishes, etc., and has ascertained that the poisonous matter contained in wasps and bees, being inoculated, destroys rheumatism and neuralgia, and that of the *cerceris*, in England popularly known as sand-wasps, produces insensibility,—local anæsthesia. He also found that the poisonous matter of various fishes, including the weaver fish, which is common to the coasts of England and France, cures paralysis; and from these facts he supposes that the poison contained in the *Thalassophyrne*, a new species discovered in San Francisco Bay, a couple of years ago, will also cure various diseases.—*Druggists' Circular.*

Vienna Society of Physicians.

At a recent meeting of the Vienna Society of Physicians, Professor Kolb exhibited some anatomical specimens which he had obtained by freezing the body—a plan which has hitherto been used in Russia. Professor Klob exposed the body of a man who had died of phthisis to a freezing temperature for forty-eight hours, and sawed it longitudinally. By this method, he said, the relative position of the internal organ was well demonstrated.

In concluding a memoir on Acupressure in the *Wiener Medizin, Wochenschrift*, Professor Billroth of Vienna says that, so far as he can judge from his own experience, acupressure is destined to supersede the ligature in most cases; that it has certain marked advantages over the latter, especially in allowing the healing of large wounds by the first intention. He says further that, while he has not met with any instance in which an amputation-wound has so thoroughly healed by the first intention that not a drop of pus has escaped, cases of the kind have been related by men so trustworthy that it is impossible to doubt the possibility of their occurrence.

M. Broca has communicated to the Academy of Sciences an important paper on Odontomata—tumors constituted by the hypergenesis of the temporary or permanent dental tissue.

M. Blachez has found the application of acetic acid twice a day successful in removing vulvar and anal senile vegetations, after the failure of the ligature and of powdered alum and savin. M. Giraldès obtains excellent results from the application of chromic acid.

M. Voisin, applying the sphygmograph to epileptics after attacks, finds that the cardiac impulse is enormous, and that neither violent exercise nor a vapor-bath gives so strong a line ascent. A malingerer might thus be detected; as a simulated attack could never produce such a tracing. This observation needs to be confirmed, and to be interpreted with caution.

—— Total deaths in San Francisco, Cal., in December, 217; from phthisis, 35. Population 132,000. Rate of mortality, 1·90 per cent.

Medical and Surgical Reporter.

PHILADELPHIA, MARCH 28, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

WANTED.

☞ The following numbers of the MEDICAL AND SURGICAL REPORTER *are very much needed at our office. For* ALL *of them we will credit* ONE DOLLAR *on subscription, or ten cents a copy for less than the whole.* Those of our subscribers who do not care to preserve their files, will confer a great favor by returning these numbers. They are:

Nos. 559. 560, 561, 562, 563, 564, 565, and 566—or from Nov. 16, 1867, to Jan. 4, 1868, *both dates included.*

REPTILES IN THE HUMAN STOMACH.

We return to this question which was discussed in the REPORTER some months ago, apropos of an alleged case of the kind, which occurred in Cumberland county, Pa. This case we soon showed was a hoax, as we believe all such cases are. Since then we have received from Drs. THOMPSON and MACLAY of that vicinity some further description of the certainly curious condition in which the alleged snake swallower remains. They say.

"There is no basis for the story circulated in the public press, representing that a snake was rejected from the stomach. The parents deny they ever gave any one such information; that such was never their belief; or further, that any physician ever gave such an opinion. Nor does the history of the case give any information of the kind. We well know that parasites do give rise to disease of the nervous system, and that the diagnosis is very difficult in many cases. But in the present case, we think that the history will decide that their presence has nothing to do with the symptoms."

This is precisely what we anticipated, believing with Professor BAMBERGER, that "the presence of living animals in the stomach, such as frogs, lizards, and snakes, which are supposed to have been swallowed and to remain alive, may well be assigned to a place among fables. I have often remarked," he continues, "that the distinct vermiform movements which occur in carcinomatous, schirrhous and other diseases of the alimentary canal, are believed by patients to be the movement of living animals, and indeed have even imposed on their medical attendants." (*Krankheiten des Darmkanals*, p. 470.) Professor VIRCHOW, whose authority on such a point is surely entitled to the very highest respect, says positively that experiments have proven that these species of reptiles soon and invariably perish when taken in the human stomach. (*Handbuch der Pathologie und Therapie*, I. p. 362.)

In contradiction to this, Dr. H. R. BACKUS of Plymouth, Indiana, writes as follows to the *Boston Journal of Chemistry*:

In the *Journal* of February Ist, 1868, I notice an article copied from the Philadelphia MEDICAL AND SURGICAL REPORTER, which ridicules the idea that reptiles of the snake and toad species can exist in the human stomach. Now, I shall beg to differ, and will explain why I do so. On the 20th of last September, I administered an emetic to J. S. BAINBRIDGE (an acquaintance of mine in Michigan,) and he ejected from the stomach a live snake about eight inches in length, of a spotted color, and unlike any I have ever seen. Its eyes were white, and apparently sightless. Mr. BAINBRIDGE says he is conscious of the fact that he swallowed it while drinking from a spring near his residence, in the month of June, 1867; from which time his health began to fail, and he came to me, requesting me to do something for his relief. At the present time, the patient is alive, and enjoys good health. I do not pretend to explain the phenomenon of the reptile's existence in the stomach; but of the above facts I am cognizant, and I now have the snake preserved in my office. In farther proof that reptiles do live in the human stomach, I will state a fact which came to my knowledge, and which transpired in Terre Haute, in this State. A young lady attending an evening party, heard a croaking like that of a frog, and the attention of others of the party was called to the unusual sound. Upon examination, it was found to proceed from the stomach of a lady, a member of the party, who manifested much excitement. The next day, through the aid of a well-known surgeon, a live frog was taken from the stomach of the lady. These are *facts*. I do not undertake to explain them, but present them as they are. I do not regard it as an hallucination, to believe that reptiles can live for some length of time in the human stomach."

But this is not all. The genial editor of that excellent monthly, has only given a brick from the pile he has received. In a letter to us, he says:

"Will you believe it, I have been deluged with communications from all parts of the country in which very decided opposition is made to your views. I have received so many statements from M. D's, in relation to the snakes, frogs, lizards, lobsters, lamprey eels, sharks, and whales, taken out of the stomachs of patients, that I feel entirely disconcerted, and not a little guilty for having copied your article. Now, if I, who have only to bear up under this tremendous load at *second hand*, feel thus, how, I ask, must *you* feel, the prime author of all this commotion?

We sympathize deeply with our editorial

brother, and hasten to take the load on our own shoulders, which we have unwittingly imposed upon him. But our troubles are not done yet.

The *Christian Advocate* likewise copied our previous article, and it too, at once got a rebuff from the Rev. C. T. Moss, who writes from Ames, New York, to the following astonishing effect:

"In this village, last summer Mr. Peter Like, a young farmer, and a member of my church, *did* vomit a veritable *snake* which he had carried several years in his stomach! The reptile was about a foot long, brown on the back, brilliant red beneath. It was kept alive for some time in a bottle, but being neglected, died. Fifty persons could be found who saw it with their own eyes, and would make oath to the fact.

"'Our profession' may 'combat' all the 'fictions' they please, as they are in duty bound to do; but they ought to learn that facts are often stranger than fiction, and cannot be got rid of, though all the world unite to 'combat' them."

Now it is quite refreshing to find such delightfully unsophisticated minds as exist in Ames, New York, in this sceptical age and country. Their logic is beyond expression satisfactory. Who would not take an oath that the snake was vomited, if they saw the very animal itself preserved in a bottle? When Baron Munchausen let himself down from the moon, he used a rope only about sixteen feet in length. When he got to the end of it, he pulled the rope above him down, and fastened it to the extremity he was clinging to. In this way he reached the earth. If you didn't believe his story possible, he was ready to show you the very identical rope! This little narrative we respectfully commend to the profound consideration of the Reverend Mr. Moss, and the fifty of his parishioners.

As to Dr. Backus, if he actually *saw* Mr. Bainbridge eject the snake, if he is absolutely certain that seeing it, he was not deceived by an extremely common and easy juggling trick, and if barring these contingencies, he is positively sure that the "snake" was not one of the four and twenty species of entozoic parasites which find their natural habitat in the alimentary canal of man, then we are ready to discuss his case. Before that it would be idle to do so.

As for the young lady in Terre Haute, we should be most happy to hear the particulars from the "well-known surgeon" at first hand, and promise to publish them as soon as they arrive.

It is curious, to say the least, that in the hundreds of thousands of cases which are admitted to the various hospitals under the care of really skilful and critical physicians, not one single instance of these remarkable phenomena has ever transpired, but that it has been shown to be an illusion or fraud on the part of the patient. They always occur in remote country localities, in innocent rustic communities, such as we imagine Ames, New York to be; or are reported by travellers who have seen or heard of them in distant localities. They will pass as *contes de voyage—qui vient de loin peut bien mentir*—but not quite for the pages of a scientific journal.

Notes and Comments.

Longevity under Difficulties.

The 102d birth-day of Capt. Frederick Lahrbush was celebrated on the 9th inst., at the residence of Gen. De Peyster in New York City.

Captain Lahrbush, formerly a captain in the British Sixtieth Rifles, was born in London on the 9th of March, 1766. For nearly a quarter of a century he was engaged in active service against the French or against the Caffirs. He was left for dead on the field of Busaco, September 27, 1810. The memento of this escape is a scar on the top of his head in which a man can almost lay his finger.

For rheumatic pains, brought on by exposure in the field, he was compelled to resort to opium for relief. From a dose of half-a-grain he gradually increased to seventy-five grains, which he took daily at midnight for very many years. At no time for many years has he taken less than twenty-four grains. On one occasion he took one hundred and fifty grains, and on shipboard, his opium having given out, he substituted a half pint of laudanum.

The New Hospital for the Insane.

It seems we were somewhat premature in announcing, two weeks ago, that the bill to establish a new Hospital for the Insane in this State had become a law. It had passed the Senate, and its prospects for final passage are good. The bill is in good hands, and we look for its e

Correspondence.

FOREIGN.

Letter from Paris.

(Continued from page 266.)

Paris, Jan. 29th, 1868.

State of the Sensitive Nerves in Spinal Sclerosis.

Vulpian's essay on the state of the sensitive nerves in spinal sclerosis, is extremely interesting, if only for its bearing upon a theory of atomic locomotrice, which has received the support of Trousseau.

Four autopsies furnished the material for the essay. In all of these cases, the sensitive nerves examined, (cutaneous branches of the great sciatic,) were found completely normal, as also the posterior roots, *between the ganglion, and point of junction with the* anterior. But *between the ganglion and* the spinal cord, these same roots were invariably atrophied. The posterior columns of the cord sclerosed.

It would seem that the ganglion interposed an impassable barrier to the progress of the lesion along the spinal roots. Had the atrophy affected the anterior roots, destitute of a ganglion, we might suppose that it would have extended to the periphery.

From the comparative degree of advancement of the lesions in the posterior spinal columns and in the roots, it appeared probable that in all cases the former were attacked first, and the roots altered gradually from the cord to the ganglions. The results of experiment, however, are directly opposed to such progression. If a posterior nervous root be cut between the ganglion and the spinal cord, the spinal extremity atrophies, while the ganglionic remains normal. It would seem, therefore, legitimate to infer that the lesion of the root fibres ought to remain limited to the points directly affected by the sclerosis of the posterior columns, and alteration of the elements of the gray substance of the cord. Yet on the contrary, they are atrophied entirely up to the ganglia, and M. Vulpian professes himself unable for the moment to explain the contradiction. But at all events, the position of the lesion of the nerve roots, and the time at which it occurs, are considered by the author as decisive proofs of the central origin of the disease in question, and destructive of the peripheric theory sustained by Trousseau.

Careful search was made for alterations of portions of the great sympathetic. But the cervical ganglia and cords, the solar plexus and the thoracic ganglia, were all examined without the discovery of any lesion appreciable even by the microscope. This was at an advanced stage of the ataxie.

Consequently, various symptoms which at first sight seem plausible enough to indicate that the sympathetic nerve was involved in the disease, are referred by M. Vulpian to other nervous apparatus. In a case of extremely obstinate vomiting, where the most minute examination of the solar plexus failed to detect any disease, the symptom may be referred to a possible lesion of the pneumogastric. Similarly, the troubles of vision which cannot be accounted for by disease of the cervical ganglia, may be plausibly explained by the frequent lesions of the optic, or motor ocular nerves.

In Vulpian's case, tactile sensibility was extremely blunted if not abolished, and sensibility to pain provoked by pressure, also diminished. Sometimes this anæsthesia coincided with severe spontaneous pains; at other times these coexist with a real hyperæsthesia of the skin, mere contact of the hand with the patient's body is unperceived, but the least pressure is extremely painful. It is remarkable in these various cases, that local applications, such as belladonna, or chloroform, are able to calm the pain, although it depends so evidently upon a central lesion.

Sensibility to the temperature is much less affected than sensibility to pain. Cold especially, is felt very keenly. Muscular sensibility was notably diminished, a fact eloquent against the idea that this is dependent on the anterior nerve roots, which were perfectly healthy in all cases.

A curious delay was noticeable in the transmission of impressions to the sensorium. Sometimes two or three seconds would elapse after the calf of the leg had been pinched, before the patient perceived the pain. Finally, the notions of the situation of provoked pain, were always more or less confused, and the patients often placed their fingers one, two or three centimetres from a point which had been pinched, and which they were asked to indicate with their eyes closed.

The main problem suggested by consideration of the symptoms of ataxie as compared with its pathological anatomy, is the following. How is it possible for all the points of the body to have lost their tactile sensibility, and yet to have preserved their sensibility to pain, when three quarters of the fibres of the posterior nerve roots appointed to transmit impressions to the consciousness are atrophied?

This atrophy, however extensive, was never

complete, always a few fibres remained, and the conclusion was inevitable that these sufficed to convey the impressions brought to the spinal ganglion by the sensitive nerves, whether the communication could be affected in the depths of the ganglion by a sort of induction from the fibres excited at the periphery, to the remaining root fibres; or whether the interposition of ganglionic cells were indispensable, it was impossible at present to say. The fact however, was none the less unquestionable and unexpected, that a few nerve fibres were able, though imperfectly, to supplement the work of ten times the number considered essential for the normal condition. The curious phenomena in the perversion, confusion and delayed perception of impressions mentioned above, may be better understood in view of such a fact. As soon as it is admitted that a single fibre of the posterior roots, may transmit the impressions received at the periphery by one or the other of a certain number of sensitive fibres, with which in a normal condition it has no functional relation, all precision of consciousness is evidently lost.

Brown Séquard's note is devoted to the relation of a case where violent tetaniform convulsions, connected probably with organic brain disease, were arrested (for the time,) by forcible and painful extension of the great toe of the patient. The eminent physiologist promises to make this case the basis for a new study on the influence of the sensitive nerves upon convulsions of the motor nerve apparatus.

DOMESTIC.

The Ligation of the Funis.

Editors Medical and Surgical Reporter:

Availing myself of your courteous offer to appropriate a short space to the further discussion of my views as regards ligating the umbilical cord at child-birth, and with thanks, I inclose the accompanying remarks.

Upon further investigation since the publication of my essay in June last, there seems to be more *authority* for discarding the ligature than I at first supposed. Carbone, Sédillot, Girard, Cantharel, Hancock and Maisonabe, of Montpellier, "have discarded it without any inconvenience." "Fanton and Schulze, who reject the ligature as useless, have proved it beyond a doubt." So says the lamented Velpeau. (Meig's *Velpeau's Midwifery*, p. 611.) Dr. Velfeau himself uses the following language: "Whatever may be the fate of the explanation, it is not the less true that, if the cord were left to itself without any ligature, it would not expose the fœtus to any hemorrhage, or any accident, even although it should be cut off clean, and not contused or torn." Notwithstanding, however, this unequivocal statement, the learned professor further remarks, in the same paragraph, that "we are not authorized to dispense with the ligature," "and should even be culpable were we to neglect it." In support of this opinion three reasons are given, each of which I propose now to consider.

1. The *first* is—and it is one which I have not seen mentioned elsewhere—that "a mere compression of the chest, or an embarrassed state of the function of any organ suffices to disorder the general circulation, and enable the blood again to pass through the umbilical ring."

With respect to the latter part of this statement I am uncertain whether my understanding of it is the correct one. I conceive it to mean that certain organs may become embarrassed in such a manner as to disorder the general circulation *mechanically:* this mechanical derangement being of such a kind as to produce undue accumulation of blood in the vessels of the cord, which last, after having become distended, finally admit the collected blood to flow out. But what functional embarrassments are there that occasion such a result? None that occur to me except obstructed respiration, such, for example, as might be brought about by "compression of the chest." The pulmonary circulation and umbilical circulation, according to Velpeau, are mechanically vicarious. When the former is established at birth, and solely in consequence of its establishment, the latter ceases. But the last tends to be re-established by whatever impairs the first. Admitting therefore the possibility of obstructed respiration causing congestion of the cord and hemorrhage, it is still left for us to inquire, how frequently have such cases been observed? What was their termination? if fatal, did they die from hemorrhage or from apnœa? The gist of the matter appears to me to be this. The child whose chest is compressed is being asphyxiated; its heart is becoming congested with black blood, (which, carried beyond certain limits will arrest the *action* of the heart;) it is being reduced very much to the condition of a child still-born. If we remove the thoracic compression before the heart's beat has stopped, the functions are restored and all is well. But suppose the action of the heart *has* ceased, what then shall we prescribe? Our only resource is *bleeding from the cord.* This *may* restore the action of the heart. If it does not, far be it from us to say that the loss of blood occasioned death. On the contrary

the hemorrhage that flows from the unligated cord of a child whose respiration has been obstructed by compression of the chest is rather salutary than otherwise. It is what *Nature* provides, and, (strange coincidence!) what the *authorities* direct for the restoration of an asphyxiated heart. But even admitting the occurrence of cases in which this hemorrhage was the *real* cause of death, and in which a fatal event might have been prevented by the usual process of ligation, we may yet ask, do such cases occur sufficiently frequent to sum up a mountain of evil at all equal to that which I maintain is being continually produced by the ordinary practice of tying undepleted, and often pulsating cords? We think not. In fact our researches have not furnished *any* cases of this sort.

2. Dr. Velpeau's *second* reason for advising the practice of ligation, is, that "cases are reported of children having died from bleeding in consequence of the cord being *not well secured*." He mentions the case cited by Mauriceau, (also a similar one by Desgland, and two by Merriman,) in which "the loosening of the ligature brought on a hemorrhage which caused death in two days." It is further stated that "Berenger of Carpi, is said to have seen young asses and colts perish from *the same cause*." In reply to this, I may be allowed to express the opinion that these cases never would have occurred, had the ligature been *entirely* omitted; and this statement does not conflict with the practical truth, which I by all means acknowledge, that the *better* security of the cord by the timely application of a second ligature, would have saved them. But it was the *first*, that produced the necessity for the *second*; it produced this necessity by maintaining patency of the umbilical vessels—by retarding their obliteration. (In explanation of this see pp. 15, 16, of my Essay.)

3. Dr. Velpeau also allows the ligature for the further reason that "it presents no difficulty," and "there is no danger occasioned by its application." In response to this, I may again refer the reader to my brochure, where the evidence in support of an opposite opinion is presented.

As yet I am not aware that any clinical observations have been instituted with a view of testing the question whether the ligature as commonly applied in daily practice, is really injurious. My own experience in the last few months, (not a very extensive one, it is true) has afforded no instance, that would in the least conduce to change my opinion on this point. Decidedly to the contrary. If it were otherwise, I would confess it.

For prudential reasons, or, as Sédillot expresses it, "out of respect for the persons present," the private practitioner is almost compelled if he would retain his practice to apply the ligature. This, however, can be done as Sédillot and others recommend, in a manner that will be far less liable to injure the fœtus than the common method. It is simply this. Let the cord bleed, (when it will) both literally and figuratively speaking—"to its *heart's* content;" then apply the string. When the cord *won't* bleed, then perhaps the ligature might be tied immediately without much risk of mischief. It is mostly or perhaps only in those cases that would bleed, that the ligature, by preventing this salutary hemorrhage, could be positively injurious. The above is the practice, considering all the circumstances of the case, that I now find it prudent to adopt.

Since employing it I have had no case of infantile jaundice, or inflammation about the navel, except one. In this the cord had been tied by a midwife before my arrival. To loosen it was not permitted. Pulsation was evident for nearly an hour after ligation. The child in a few days had marked icterus, constipation with clay colored stools, vomiting, inflammation of the umbilicus, and a slight secondary hemorrhage, which, however, ceased spontaneously. It recovered finally. All these evils, I maintain would have been prevented if the congested cord, at birth, had been permitted to drain off its surplus blood before the ligature was applied. The portal circulation would have been relieved.

A. F. A. King. M. D.
422 14*th St., Washington, D. C.*

P. S. I should be happy to forward my pamphlet to any one who may apply for it.

Death of William Herapath.

The English papers announce the death of this distinguished chemist. He was born at Bristol, England, in 1796. While at work in his father's malthouse he displayed a marked love for chemical study. He was wisely allowed to follow his bent, and in a few years became a proficient in the science, and especially in the department of toxicology. In 1828 he was elected Professor of Chemistry in the British Medical School. He was one of the old founders of the London Chemical Society. His life was singularly useful. Besides making analyses for the benefit of agriculture, manufactures and the arts, he was in constant request to examine alleged cases of poisoning.

News and Miscellany.

MEDICAL COLLEGE COMMENCEMENTS.

University of Pennsylvania.

The Annual Commencement of the Medical Department of the University of Pennsylvania was held March 13th, at the Academy of Music, in the presence of a large and brilliant audience. The Rev. Daniel R. Goodwin, D.D., Provost of the University, conferred the degree of "Doctor of Medicine" on the following gentlemen:

Maine—Chas. O. Hunt.

Massachusetts—R. G. Reed, H. D. Bixby.

Connecticut—S. W. Noyes.

New York—G. G. Hopkins, S. A. Pierce.

New Jersey—G. O. Cummins, J. S. Hough, R. P. Ewing, H. A. Kennedy, J. M. Paul, Jr., H. Wikoff, J. O. White, G. W. Bailey.—8.

Pennsylvania—J. W. Acheson, A. K. Ackerman, J. Aiken, J. B. Amberson, J. S. Ammons, W. S. Armstrong, J. P. Arthur, G. M. Ballou, P. A. Baratet, E. P. Bernardy, B. M. Bertolet, J. E. Bispham, H. Bobb, A. A. Bockius, A. H. Boyer, T. W. Boyer, J. H. Cathkart, J. Q. Carpenter, G. R. K. Clark, R. J. Clark, T. C. Clark, J. K. Crawford, W. E. Doughty, E. A. Enders, P. S. Fisher, T. H. Franklin, C. D. Fretz, J. Z. Gerhard, D. Gochnauer, H. A. Godshalk, A. B. Greasmer, E. Grumbine, F. B. Gulick, W. E. Haines, A. Harshberger, J. Hart, F. K. Hartzell, T. E. Heenan, H. A. Hellyer, W. A. Hoffman, C. F. Hunter, S. W. Hunter, E. Huntzinger, T. L. Johnston, T. W. Kenny, J. F. Larimer, S. W. Latta, J. J. Leiser, B. H. Leslie, C. G. Loose, R. S. McCombs, H. McGowan, S. S. Mehaffey, T. V. Miller, J. W. Millick, Jr., R. H. Milner, J. Mixsell, R. Moffett, E. B. Mosely, J. W. Murphy, J. A. Murphy, J. B. Mustin, E. L. Palmer, G. M. D. Peltz, W. G. Porter, Jr., G. Prizer, G. A. Rex, W. G. Robinson, G. Roberts, G. M. Romig, J. W. Roop, F. Ross, J. T. Rothrock, F. S. Schrack, J. H. Seyler, M. D., J. P. Sheibley, T. C. Stellwagen, W. Stites, N. W. Stroup, E. C. Swift, T. C. Van Fries, C. H. Vinton, J. B. Walter, D. R. Watson, S. S. White, J. G. Wilson, T. J. Young, J. G. Zern, L. S. Clark, H. P. Munholland, A. C. Van Harlingen.—94.

Delaware—H. R. Burton, E. C. Dunning, T. S. Jones, W. B. Maloney, M.D., G. T. Welch, H. H. Davis.—6.

Maryland—G. L. Horn, H. C. Henderson, J. A. Parker.

Virginia—R. G. Barclay, M.D., L. A. Dix, L. W. Jacobs, W. E. Pitman, N. Williams.—5.

West Virginia—C. E. Henderson, R. A. Marmion, G. A. Wright.

North Carolina—S. J. Brietz, S. W. Eaton, H. O. Hyatt, M. B. Pitt, J. C. Lawrence.—5.

South Carolina—W. Sinkler.

Mississippi—B. H. Whitfield.

Louisiana—J. B. Wise.

Texas—A. B. Washkom, W. E. Saunders, M. Kennedy.

Ohio—E. M. Wood, R. Trimble, C. C. Stouffer, M.D., A. T. Johnson, J. C. Hall, J. S. Beck.—6.

Kentucky—A. G. Drury.

Illinois—C. H. Moore, L. Ware, M.D.

Missouri—N. F. Essig.

Wisconsin—A. F. Muller, J. J. Blumer.

Tennessee—T. R. Watkins, R. A. Hooke, A. M. French, A. S. Brown.—4.

District of Columbia—G. R. Miller.

New Brunswick—E. S. Frost.

Cuba—L. V. Bablot.

Prussia—W. Steinmitz, M.D.

Total, 156.

After the degrees were conferred, Professor Robert B. Rogers delivered the Valedictory Address, of which the following is a synopsis:

He tendered the graduates the congratulations of himself and on behalf of the Faculty, and then said: "The University of Pennsylvania was founded in 1749, and the Medical Department was instituted in 1765. The career of the institution has been illustrated by the genius and labors of such distinguished names as Morgan, Shippen, Woodhouse, Barton, James, Wistar, Horner, Physic, Chapman, Dewees, Hare, Gibson, Jackson, Hodge, Wood, and Pepper, with their many eminent colleagues, men whose character and position in science and literature entitle them not only to the first places in the history of the institution, but to the highest rank in the annals of our country. Since the establishment of the institution twelve thousand individuals have prosecuted medical studies under her roof, and of these eight thousand have been invested with the professional title which you to-day so willingly receive."

He then alluded to the sacrifices made in pursuing their studies, and the responsibilities and duties now devolving upon them, and of the sacred pledges they had taken to consecrate their untiring energies to the profession they had adopted, and to exalt and elevate by all the powers with which they are endowed, and to dispense its blessings wherever disease or accident called for its ministering influences.

The present movement is not only one of ful-

filment but also of promise; you have accomplished much, but it is expected you will achieve more. Remember that life or death, humanly speaking, will depend upon your skill and knowledge, and the alleviation of pain upon your exertions. That we may fulfil these obligations, and by our practical labors in the profession, truly vindicate its title to the highest dignity and usefulness, we must not rest satisfied with the formal application of the precepts that we have learned and tested in the course of our studies, but it should be our endeavor to keep open in our minds all the converging avenues of collateral truth.

He then spoke of the guards upon medicine, of the investigations it led to, and the powers and persons it employed. "Thus are presented to the enlightened physician for his further perfection and studies the laws of chemistry, the use of the microscope, the study of botany and zoölogy, and the investigation of general physic," in the direction of science and humanity.

He then alluded to the improvement in hospitals for the insane, saying that the patient need no longer fear the restraint of the strait-jacket, the chains that bound him to the wall, or the dreaded ducking stool, that now the remedies were discovered that could in many cases restore their reason. They were healthy gymnastic exercise, good healthy apartments, and proper care. He urged the importance of physicians cultivating themselves not only for the sake of companionship, but for the importance it gives them at the bedside and in the community where they reside, and urged upon them to make *Progress* their aim and *Onward* their motto, and cultivate intellect at the same time that his progress be marked with improvement of the heart. After some further remarks on their duty, etc., he concluded with an appeal to the graduates, urging them to observe a high sense of honor and personal dignity, and maintain and vindicate an elevated professional standing.

Charity Hospital College, Cleveland, Ohio.

The annual commencement exercises of Charity Hospital College were held at Garrett's Hall, February 27th. There was a good attendance of the members and friends of the institution. The exercises were opened with prayer by Rev. Mr. Lewis, pastor of Westminster Church. A few brief introductory remarks, eminently appropriate, were made by Professor Firestone. The address to the graduating class was delivered by Rev. Mr. Lewis. It was an able effort, replete with interest, and commanded the closest attention.

The Board of Censors presented the following report:

The Censors of Charity Hospital Medical College, after diligent participation in the examination of the present graduating class, take pleasure in reporting the institution in a very flourishing condition. It is young in years, but old in principle and precept. The talent of the class who this day receive the honors of their Alma Mater, calls forth the preceding expression.

There were four Theses presented for the prize medals, two of which deserve favorable notice—the one by J. H. Hague, and the other by Ethan Bliss. Sufficient time and research were not given to entitle either to a prize.

Joel Pomerene, M. D., *Pres't.*

The presentation of diplomas was made by Dr. J. W. Russell, of Mount Vernon, Ohio, to thirty-three graduates.

Honorary degrees were conferred upon A. S. Crafts, of Mantua, and Dr. Gonzales, of Sparta.

The valedictory was delivered by Mr. S. Z. Davis, of the graduating class. It was a fine scholarly effort, and a worthy farewell to such an *alma mater*.

In the evening a supper was given at the Kennard House, by the Faculty, to the Board of Censors and the Counsellors of the College. It was the occasion of a very pleasant social reunion of the friends of the institution.

Pennsylvania College of Veterinary Surgeons.

The Pennsylvania College of Veterinary Surgeons held their annual meeting at the hall, 702 Walnut Street, on Tuesday, the 10th inst., Dr. Berry in the chair. The following officers were elected for the ensuing year.

R. Jennings, President, Isaiah Michener, Vice-President; James McCoart, Recording Secretary; H. B. Rayner, Cor. Sec'y; T. B. Rayner, Treasurer.

Dr. Jennings announced the death of Dr. McIlroy, and Dr. Birch offered resolutions of condolence to the family, which was ordered to be published in the Ledger. T. B. Rayner gave the history and treatment of a case of tetanus that came under notice. Dr. Birch gave the history and treatment of a case of fistula of the withers, the above subject was discussed at some length by the members. Dr. Geo. F. Heinecke was elected a member of the college.

Delegates.

At a meeting of the Academy of Medicine, held at their Hall Cincinnati, March 17th, 1868, the following members were elected delegates to the American Medical Association to be held at Washington, D. C., in May next.

Drs. Charles Woodward, I. P. Walker, S. Sexton, J. A. Murphy, —— Buckner, Thos. McIlvain, J. F. White, A. E. Heighway, —— Rosenfeldt, W. R. Mussey.

Medical and Dental Legislation in Ohio.

The Legislature of Ohio has laid upon the table a bill, which was pending in the Senate, to regulate the practice of Medicine and Surgery in Ohio. The Profession of Ohio generally look with disfavor upon such legislation. Of course it elevates the quack schools as they hold charters from the State, and many consider such action contrary to the spirit of our institutions in this country. That it will not be protected by law, and that the profession does not need such assistance, it being grounded upon so firm a basis that such meddling action can only bring it into disrepute. The Dentists, however, are likely to get through a bill which may do some good, as their profession is different in many respects.

Heartburn.

Dr. F. W. Pavy (*Digestion and its Disorders*) says, in speaking of this very common complaint, that rich living is a frequent source of its production. He is inclined to think that the burning sensation at the pit of the stomach is due to a retrograde flow of bile into the cavity of the viscus, but Dr. Leared believes it to be produced by butyric acid, either taken with pastries or formed in the process of imperfect digestion. The treatment advised is mainly comprised in the administration of alkaline reagents.—*Med. Gazette, N. Y.*

Anecdote of Dr. Rush.

Long before the temperance reform, a missionary from the West Indies sought medical advice from Dr. Rush, and when a very unpalatable medicine was prescribed, the patient asked if he could not take a little "good old Jamaica" with it.

"No, sir," the Doctor decidedly replied.

"Why, sir, what harm will it do?" demanded the West Indian.

"What harm will it do?" continued Dr. Rush; "I am determined no man shall rise on the day of judgment, and say, 'Dr. Rush made me a drunkard.'" Wise and noble reply.

AMERICAN MEDICAL ASSOCIATION.

The *Nineteenth Annual Meeting of the American Medical Association* will be held in Washington, on Tuesday, May 5th, 1868, at 11 o'clock, A. M.

The following Committees are expected to report:

On Ophthalmology, Dr. Jos. S. Hildreth, Illinois, Chairman.

On Cultivation of the Cinchona Tree, Dr. J. M. Toner, D. C., Chairman.

On Surgical Diseases of Women, Dr. Theophilus Parvin, Ind., Chairman.

On Rank of Medical Men in the Navy, Dr. N. S. Davis, Ill., Chairman.

On Insanity, Dr. C. A. Lee, N. Y. Chairman.

On American Medical Necrology, Dr. C. C. Cox, Md., Chairman.

On Leakage of Gas-Pipes, Dr. J. C. Draper, N. Y., Chairman.

On Medical Ethics, ——— ——— Chairman.

On Plan of Organization, Dr. C. C. Cox, Md., Chairman.

On Provision for the Insane, Dr. C. A. Lee, N. Y., Chairman.

On Climatology and Epidemics: Dr. J. C. Weston, Maine; Dr. P. A. Stackpole, New Hampshire; Dr. Henry Janes, Vermont; Dr. Alfred C. Garratt, Massachusetts; Dr. C. W. Parsons, Rhode Island; Dr. E. K. Hunt, Connecticut; Dr. W. F. Thoms, New York; Dr. Ezra M. Hunt, New Jersey; Dr. D. F. Condie, Pennsylvania; Dr. O. S. Mahon, Maryland; Dr. Juriah Harriss, Georgia; Dr. Geo. Engelman, Missouri; Dr. R. Miller, Alabama; Dr. T J. Heard, Texas; Dr. R. C. Hamil, Illinois; Dr. J. F. Hibberd, Indiana; Dr. T. Antisell, District of Columbia; Dr. J. W. H. Baker, Iowa; Dr. Abm. Sager, Michigan; Dr. J. W Russell, Ohio; Dr. F. W. Hatch, California; Dr. Joseph Jones, Tennessee; Dr. E. A. Hildreth, West Virginia; Dr. Samuel Willey, Minnesota.

On Clinical Thermometry in Diphtheria, Dr. Joseph C. Richardson, N. Y., Chairman.

On the Treatment of Disease by Atomized Substances, Dr. A. G. Field, Iowa, Chairman.

On the Ligation of Arteries, Dr. Benj. Howard, N. Y., Chairman.

On the treatment of Club-Foot without Tenotomy, Dr. L. A. Sayre, N. Y., Chairman.

On the Radical Cure of Hernia, Dr. G. C. Blackman, Ohio, Chairman.

On operations for Hare-lip, Dr. Hammer, Mo., Chairman.

On errors of Diagnosis in Abdominal Tumors, Dr. G. C. E. Weber, Ohio, Chairman.

On Prize Essays, Dr. Chas. Woodward, Ohio, Chairman.

On Medical Education, Dr. A. B. Palmer, Mich., Chairman.

On Medical Literature, Dr. Geo. Mendenhall, Ohio, Chairman.

Secretaries of all medical organizations are requested to forward lists of their Delegates as soon as elected, to the Permanent Secretary.

W. B. ATKINSON,
Permanent Secretary.
S. W. cor. Broad and Pine Sts.,
Philadelphia.

MEMORANDUM.

For the information of persons desirous of entering the Medical Corps of the U. S. Army.

For the information of persons desirous of entering the Medical Corps of the U. S. Army.

In our advertising columns will be found a call for assistant surgeons for the medical corps of the U. S. Army.

As inquiries are frequently made as to the mode of procedure for a position in the army, we publish the following extracts from a circular from the Surgeon General's office, and will forward the circular to any desiring it.

All candidates for appointment in the Medical Corps, must apply to the Surgeon-General, U. S. Army, for an invitation to appear before the Medical Examining Board. The application must be in the handwriting of the candidate, stating age and birthplace, and be accompanied by testimonials from Professors of the College in which he graduated, or from other physicians of good repute. If the candidate has been in the Medical service of the Army during the war, the fact should be stated, together with his former rank, and time and place of service, and Testimonials as to qualifications and character from Officers with whom he has served should also be forwarded.

Candidates must be graduates of some regular Medical College, proof of which must be submitted to the Board before examination, and must be between 21 and 30 years of age.

The morals, habits, and physical and mental qualifications of each candidate will be subjects for careful examination by the Board, and a favorable report will not be made in any case in which there is a reasonable doubt.

The following will be the general plan of examination:

1. A short essay, either autobiographical or upon some professional subject—to be indicated by the Board.

2. Physical examination. This will be rigid, and each candidate will be required to certify "*that he labors under no mental or physical infirmity, nor disability of any kind, which can in any way interfere with the most efficient discharge of his duties in any climate.*"

3. Examination as to general aptitude and education.

4. Written examination on anatomy, physiology, hygiene, surgery and practice of medicine.

5. Oral examination on each of the above mentioned subjects, and also on obstetrics, general pathology, chemistry, toxicology, medical jurisprudence and materia medica.

6. Clinical examination, medical and surgical, at a hospital.

7. Performance of surgical operations on the cadaver.

The Board will deviate from this general plan whenever necessary, in such manner as they deem best to secure the interests of the service.

The Board will report the merits of the candidates in the several branches of the examination, and their relative merit in the whole, according to which, if vacancies exist within two years thereafter, *the approved* candidates will receive appointments and take rank in the Medical Corps.

An applicant failing at one examination, may be allowed a second after one year, but not a third.

No allowance will be made for the expenses of persons undergoing examination, as this is an indispensable prerequisite to appointment, but those who are approved and receive appointments, will be entitled to transportation on their obeying their first order.

If the result of the examination of a candidate be satisfactory he will be offered a contract for duty as Acting Assistant Surgeon until such time as he can be appointed or commissioned as Assistant Surgeon.

The monthly pay and emoluments of Surgeons and Assistant Surgeons are shown by the following table.

Assistant Surgeon, under three years' service, $53 33, which with rations and allowance for servants, makes an aggregate of $120 83.

Assistant Surgeon, over three years' service $70 00, which with rations and allowance for servants, makes an aggregate of $137 50.

Assistant Surgeon over ten years' service, $70 00, which with rations and allowance for servants, makes an aggregate of $173 50.

Surgeon under ten years' service, $80 00, which with rations and allowance for servants, makes an aggregate of $179 00.

Surgeon, over ten years service, $80 00, which with rations and allowance for servants, makes an aggregate of $215 00.

Forage is furnished for horses when actually kept.

In addition to the above, Surgeons and Assistant Surgeons are allowed an additional ration per day, after the termination of every five years service.

Quarters and fuel, or commutation therefor, are also furnished to Medical Officers.

CHANGES IN THE NAVY.

List of changes etc., in the Medical Corps of the Navy, during the week ending March 21, 1868.

Surgeon H. C. Nelson, and Ass't Surgeon H. J. Babin, detached from U. S. Ship Sabine on 1st April, and await orders.

Assistant Surgeon Robert Redington, ordered to duty at N. Hospital, New York.

Assistant Surgeon Wm. B. Jones, ordered to duty at Naval Hospital, Norfolk, Va.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

Arthurs—Ballou.—On Thursday evening, March 12th, 1868, at the residence of the bride's father, by the Rev. Wm. Preston, D. D., Biddle Arthurs, M. D., and Emma, only daughter of Arthur Ballou, all of this city.

Bradford—Clark.—March 17, at the residence of the bride's uncle, Gen. Samuel J. Hunt, by the Rev. John Hall, D. D., Frank Standish Bradford, M. D., and Miss Sarah J., daughter of the late Capt. Andrew Clark, all of New York.

Girard—Epping.—March 3d, at the present residence of the bride's father, Charleston, S. C., by the Rev. Dr. Bachman, Dr. Alfred C. Girard, Ass't Surg. U. S. Army, of Switzerland, and Miss Annie R. Epping, youngest daughter of J. P. M. Epping, U. S. Marshal for South Carolina.

DIED.

Noble—In Chicago, March 10th, Willie Bostwick, son of Dr. Samuel B. Noble, aged 8 years and 2 months.

Porter.—In Kalamazoo, Mich., March 13, of erysipelatous metro peritonitis, Adelaide L. Porter, wife of Dr. Moses Porter, and daughter of R. F. Johnson, Esq., of Detroit.

Quimby.—In Jersey City, of diphtheria, March 13th, Mary Helen, only daughter of Dr. J. N. and Ellen S. Quimby.

METEOROLOGY.

March,	9,	10,	11,	12,	13,	14,	15.
Wind	N. E.	W.	N. E.	N. E.	S. W.	S.	S. W.
Weather	Clear.	Clear.	Clear.	Cl'dy. Rain.	Cl'dy. Rain.	Cl'dy. Fog.	Clear. Fog.
Depth Rain					9-10		
Thermometer.							
Minimum	33°	38°	35°	27°	35°	29°	39°
At 8, A. M.	45	47	40	35	41	45	48
At 12, M.	51	59	49	39	49	59	57
At 3, P. M.	52	60	49	39	49	59	57
Mean	45 25	49.75	43.25	35.	43.50	48.	50.25
Barometer.							
At 12, M.	30.5	30.3	30.6	30.4	29.9	30.	30.1

Germantown, Pa. B. J. Leedom.

PHILADELPHIA

SUMMER SCHOOL OF MEDICINE.

ROBERT BOLLING, M.D.
JAMES H. HUTCHINSON, M.D.
H. LENOX HODGE, M.D.
EDWARD A. SMITH, M.D.
D. MURRAY CHESTON, M.D.
HORACE WILLIAMS, M.D.
GEORGE C. HARLAN, M.D.

The Fourth Session of the Philadelphia Summer School of Medicine will begin March 1st, 1868, and will continue until October.

Clinical Instruction will be given from the first of March to the first of October.

Lectures and Examinations will take place daily during April, May, June, and September.

EXAMINATIONS.

Anatomy, Chemistry, Physiology, Surgery, Materia Medica, Obstetrics, Practice of Medicine.

OPERATIVE AND MINOR SURGERY—Lectures, and Demonstrations of Bandaging and Dressing of Fractures upon the Manikin and of Surgical Anatomy and Operations upon the Cadaver, by H. Lenox Hodge, M.D.

PERCUSSION AND AUSCULTATION IN DISEASES OF THE LUNGS AND HEART.—Lectures and Clinical Examination of Patients, by James H. Hutchinson, M. D.

MICROSCOPE.—The structure of the Microscope, and the manner of using it, will be explained, and the microscopical appearance of the tissues and fluids in health and disease will be exhibited by Horace Williams, M.D.

URINARY DEPOSITS AND TESTS.—Students will be instructed in the microscopical and chemical examination of the Urine, and will be enabled to make themselves familiar with the necessary manipulations, by James H. Hutchinson, M. D.

MATERIA MEDICA.—Lectures by Robert Bolling, M. D.

DISEASES OF THE EYE.—Lectures upon the Anatomy, Physiology, and Diseases of the Eye, by George C. Harlan, M. D.

DISSECTIONS AND SURGICAL OPERATIONS may be practised by the members of the class.

THE SOCIETY OF THE MEDICAL INSTITUTE meets once every month.

CLINICAL INSTRUCTION.

Pennsylvania Hospital.—The advantage of attending the Lectures, Operations, and Clinical Examinations at this important hospital will be secured without charge.

Episcopal Hospital.—Drs. Hutchinson and Smith will take the class through its well-arranged wards, so that by the bedside disease may be accurately studied.

Children's Hospital.—Much of a physician's practice being among children, it is essential that their various disorders should be seen by the student. Drs. Hodge, Hutchinson, and Cheston will, during the session, have charge of the numerous out-door and in-door patients of this establishment, and will offer every facility to the class.

Dispensary for Diseases of the Heart and Lungs will be conducted by Dr. Hutchinson in connection with his lectures.

FEE FOR THE WHOLE COURSE, FIFTY DOLLARS.

OR ANY PART MAY BE TAKEN SEPARATELY.

OFFICE STUDENTS will be received by Drs. Bolling Hutchinson, and Hodge, for the whole or part of a three years' course of study. They will be admitted to the Summer School and to the Winter Examinations, and Clinical Instruction will be provided for them at the Pennsylvania, Philadelphia, Episcopal, and Children's Hospitals. They will be given special instruction in the Microscope, Practical Anatomy, Percussion and Auscultation, Practical Obstetrics, Bandaging, and Operative Surgery. They will be enabled to examine persons with diseases of the heart and lungs, to attend women in confinement, and to make microscopical and chemical examinations of the urine.

WINTER COURSE OF EXAMINATIONS will begin with the Lectures at the University of Pennsylvania, in October, and will continue till the close of the session.

Candidates for Admission to the Army and Navy, and those desiring promotion to a higher grade, may obtain private instruction.

Fee for Office Students (one year), $100.
Fee for one Course of Examinations, $30.

Class Rooms, No. 920 Chestnut Street.
Anatomical and Surgical House, College Avenue.
Apply to H. LENOX HODGE, M.D.,
N. W. corner Ninth and Walnut Streets,
574— Philadelphia.

THE

MEDICAL AND SURGICAL REPORTER.

No. 579.] PHILADELPHIA, APRIL 4, 1868. [Vol. XVIII.—No. 14.

Original Department.

Communications.

INSTRUMENTAL DIAGNOSIS.

By Philip S. Wales, M. D.,
Surgeon, U. S. Navy.

A marked feature of scientific and medical progress of the last few years has been the discovery of new, and the perfection of old instruments, for the purpose of assisting the senses in interrogating nature with more severity, accuracy, and efficiency, for interpreting with more intelligence the answers thereby elicited, and for elucidating with greater clearness the phenomena everywhere presented to the intelligent observer.

The application of such instruments in physical investigations has always constituted an important era in science, preceding the discovery of some great truth, or the extension and development of some general principle, which had remained unknown by reason of the defects in the means for correct observation.

Thus we find that some of the most comprehensive and beautiful principles have been, by their aid, established in the science of astronomy. Sir W. Herschel, with his stupendous telescope of forty feet focal distance, and four feet aperture, was enabled to penetrate the fathomless abyss of celestial space, and observe many objects before unsuspected by scientific men, and which no mortal eye had ever seen; he was thus prepared to establish facts in science, and draw deductions from them, which will always remain an enduring monument to his genius for scientific acumen.

Still more remarkable is the Rosse telescope, with its six feet aperture and 28.274 feet of reflecting surface; by its means the moon's disc has been brought several thousand miles nearer the earth, and many objects upon its surface made out with sufficient accuracy to amount to a fair probability. The application of other instruments of great size and refinement of mechanical construction, such as the *altazimuth* and *prime vertical circles*, the *transit*, *altitude*, and *azimuth circles*, the *heliometer* and *astronomical clock*, has been the prelude to important observations and the establishment of facts and principles that will remain unshaken for all time, and has conferred all the accuracy and certainty of a fixed science upon astronomy, and ranked it the foremost and most noble of all branches of human knowledge.

The invention of the *tortion of balance* by Coloumb, placed in the hands of the physicist the means of estimating the quantity of matter, from that which is inappreciable by the most delicate balance to the most stupendous; the earth, the planets, and even the sun itself have been weighed in it. This instrument also affords the most delicate test of the intensity of electrical and magnetic currents.

The *electrometer* has likewise furnished important information as to the intensity of the two latter physical forces, as well as those minute degrees of heat that do not affect the ordinary thermometer. Interesting facts have also been ascertained by the electrometer in physiological experiments; when, for instance, it is connected with needles thrust into the tissues, the temperature of any portion or tissue of the body can be detected with unerring certainty in their normal, pathological, active or passive states. In this manner, as an illustrative example, it may be mentioned, that experiment has shown that the muscles develope heat in their motions, and that their

habitual temperature is above that of the superjacent cellular tissue.

In chemistry, the application of the perfect *balance* resulted in exploding the old *phlogistic* theory, led to the discovery of one of the most beautiful and important laws in that science, *i. e.*, the law of combining equivalents, and laid the certain foundation for the rearing of that comprehensive and useful science—modern chemistry—which, from the certainty of its laws, now holds also a place among the fixed sciences.

The gross and embarrassing descriptions, and immature and often erroneous generalizations of mineralogy have also given way to the magic influence of the *goniometer*, and the rational deductions and systematic classification of geometric terms following its use.

That branch of natural science denominated meteorology, has grown from the crudest and most uncertain of sciences, by the labors of HUMBOLDT and others, with new and perfect instruments, to be an attractive and delightful study; and, furthermore, possesses an importance for the unscientific as well as for the scientific, on account of the influence which it exerts upon commerce, navigation, and the pursuit of the agriculturist. In this field of observation and experiment, the *thermometer*, *mercurial* and *aneroid barometer*, *hygrometer*, *ventometer*, and *ozonometer*, have been employed, and by their aid important facts as to the temperature, weight, moisture, force, and constitution of the air have been established. To individualize a result of such observation, we may instance the discovery of *isothermal lines*, that is, belts of uniform temperature encircling the terraqueous globe, running in the general direction of the parallels of latitude.

The *microscope* has done for the organic microcosm what the telescope has for the macrocosm. The naturalist is no longer compelled to walk in darkness and doubt, as has hitherto been done, as to the animal or vegetable character of any particular specimen he may meet with, but with the assistance of this instrument which enables him to penetrate its internal constitution, he will possess the means of arranging it in the classification readily, at least sufficiently accurate to avoid adding to the great confusion and doubt which have hitherto existed upon this subject. All the changes that have occurred in the classification of organic forms since the introduction of the microscope are too numerous even to mention them. As remarkable examples, may be mentioned the transfer of the three groups, Diatomaceæ, Desmidiaceæ, and Volvocineæ, regarded by EHRENBURG as animalcules, from the animal to the vegetable side of organic life. Other changes have been made in another direction; animals and plants supposed to be different species, have in many instances been found to be the same in various stages of their evolution and development.

Besides the accuracy of distinction of organic life that the microscope has introduced into natural history, it has also presented to the astonished gaze of the naturalist thousands of new and unknown forms, which, like the celestial nebulæ, had remained undiscovered until the perfection of the means of observation had brought them within our visual compass.

The microscope has been usefully and successfully employed in practical medicine, and important results have flowed from its application in the discovery of certain pathological changes and new morbid elemental structures.

With all these brilliant discoveries in the physical sciences, it is to be wondered at that physicians did not at an earlier period endeavor to give more of the nature of a fixed science to the science of medicine. It has seemed that the history of medicine, until within a very few years, has presented but a record of mind trammelled with the dogmatism of the old masters, the brilliant but visionary scintillations of medical genius, and with the shackles of prejudice and custom, until in the latter particular, errors, like kings, have ruled by a sort of prescriptive right. Perhaps in no science is it more important than in that of medicine, that

"He that would follow philosophy, must be a freeman in mind."

Happily, within the last half-century, more progress has been made in really scientific medical research than in any five preceding

decades in the history of the science. The introduction of new instruments has had much to do with this progress, and they will doubtless, in the lapse of time, give medicine as much certainty as is now possessed by its sister sciences.

Some of the more remarkable instruments employed by the physician are the sphygmograph, the thermometer, the ophthalmoscope, the otoscope, the laryngoscope, the rhinoscope, the endoscope, and the stethoscope.

Sphygmography.

The sphygmograph, derived from the two Greek words *σφυγμη*, pulse, and *γραφις*, a pen, was first applied in physiological researches upon the circulation of the blood, but recently has been turned into another channel—the investigation of disease.

The pathological deductions from its application have not as yet been sufficiently examined and generalized as to enable us to decide upon the extent of its utility in the diagnosis and prognosis of morbid perturbations of the circulatory apparatus; but that it is useful, has been shown by numerous published accounts of its truthful and perfectly reliable indications in certain forms of morbid changes in the valves and orifices of the heart, and in the arteries. However, for the full elucidation of this interesting and important question, the instrument must be placed in the hands of painstaking and scientific physicians, and a sufficient time must elapse for correct and extended observation, and the collection and collation of facts.

At all times in the history of medicine, the indications of the pulse have been considered an important element in the diagnosis and prognosis of disease; the ancient masters of medicine have testified to its importance in their works, from the period in which the sage of Cos lived, down; and in later times, though this interest has considerably diminished, yet certain modern observers have excelled our predecessors in their sphygmical refinements. The absurd extent to which these have been carried by some persons will find an illustration in the fact, that as late as 1827, an elaborate work of two large octavo volumes, entitled, "Introduction to the Science of the Pulse, by Julius Rucco, M. D.," made its appearance in London.

The difficulty of accurately appreciating and estimating the properties or qualities of the pulse in health and disease by the unassisted senses, has always stood in the way of progress in the knowledge of the value of its indications, and therefore has prevented the attainment of much accurate and reliable prognostic and diagnostic information from its examination in disease. The tactile power, by means of which we gain such knowledge, is, however, so various in different persons, that with the same pulse different impressions as to its qualities of fulness, force, and volume, may be conveyed to them, and therefore different conclusions will be arrived at, though the conditions of the observation be the same. To appreciate the innumerable variations of the pulse, and their import in prognosis and diagnosis, a long individual training is absolutely required, when the sense of touch is alone employed in the investigation. Even after this knowledge has been acquired, it is of that sort of individual possession which cannot be transmitted to another, or taught by any form of words you choose to adopt, while the tactile power is so various, except in the most imperfect manner.

But one quality of the pulse, *i. e.*, frequency, can be determined with mathematical accuracy, and it is for this very reason that it is so frequently and uniformly emp'oyed by physicians as a guide in diagnosis and prognosis, although it is the most changeable of them all, whether in health or disease, and is, moreover, in many cases, of a far less practical importance than the others. From this imperfection of the sense of touch in accurately determining the character and import of the pulse qualities, the working physician will gladly welcome any extrinsic aid from physics, in giving more certainty to his observations and deductions in the daily pursuit of his profession. This important desideratum is now promised him in the sphygmograph.

As early as 1837, King, of London, in order to make more evident the motion of certain veins presenting the phenomenon of rhythm, employed a lever for amplifying its

extent. Later, Vierordt, a German physiologist, applied the same happy idea to the ascertainment of arterial rhythm, and by means of the lever was enabled to make evident to the eye in the form of diagramatic sketches, the qualities of arterial action; but the great objection to his instrument is that the lever is too heavy, and so poised that its tracings were too uniform, and the component lines nearly vertical and parallel under all variations in the arterial current, and so far they did not represent the various pulse-forms correctly, or possess sufficiently distinctive and characteristic properties as to enable the physician to draw any conclusions as to the various morbid states of the circulating and other organs.

With a view of correcting this manifest imperfection in the instrument as a diagnostic mean, Dr. E. J. Marey, of Paris, well known for his scientific attainments as a physiologist, and as an acute observer, modified it in many material points, so as to produce almost an altogether new instrument. He simply retained the lever motion of the instrument of Vierordt to multiply the extent of arterial action, and then appended other portions to it, so that the complete apparatus worked in such complete harmony, and with such accuracy, as to enable him to present to the eye the most faithful representations of the pulse-forms under the most varying conditions of disease.

This instrument, as perfected by Dr. Marey, with a drawing, reduced to a third of its real size, and accompanied by pulse tracings, will be the subject of our next paper.

[To be continued.]

CASE OF TUBAL PREGNANCY.

Under the Care of H. B. Linton, M.D.

Reported by Dr. Philip Leidy,

Of Philadelphia.

Emma M., æt. 25, lymphatic temperament, strong and healthy, mother of two children.

Dr. Linton was called for the first time about 2, P. M., January 18th. Found her suffering from pain about the præcordial and lumbar regions. Upon examining, found nothing special, but attributed the pain to threatening miscarriage, as he was led to believe, from the history of the case, that pregnancy existed. Ordered

Morphiæ sulph.,	gr ½.
Aq. camph.,	f.ʒj.

to be given every three hours, with positive directions that in case there was an increase of the symptoms, to send for him immediately. Was summoned about 7½, P. M., same day. Arrived in about twenty minutes, when he found the patient dead. From what he could learn from the relatives and friends, death must have been instantaneous. (Only a short time before there had been an amelioration in the symptoms.) What was the cause of death?

There being decided opposition to a post mortem examination, it required considerable manœuvering and strategy to obtain the consent of the parties, which was only secured by making a certain promise, which, on account of the examination revealing such an interesting abnormal condition, we do not hesitate in saying was not fulfilled; being aware at the time that it was a case which, (had the parties not consented,) would have come under the notice of the coroner.

The autopsy was made by Dr. Philip Leidy, thirty-six hours after death, and revealed a large quantity of blood in the abdominal cavity. After removing the same, and upon close examination, found the organs contained therein healthy until we came to the uterus, which was enlarged, containing a decidua. The left ovary contained a corpus luteum of pregnancy, half an inch in diameter, probably about two months old. The left Fallopian tube, about half an inch from the uterus, was expanded to the size of a soft-shelled almond, and ruptured; from the mouth of the rupture a clot protruded. The orifice was about the size of a marrow-fat pea. Interior filled with a clot, and the surface roughened, apparently as prepared for the adherence of an ovum, which evidently had been contained in the sac, and had been extruded into the abdomen when the tube was ruptured. The patient died from internal hemorrhage.

The foregoing case is interesting, not only from the rareness, but the difficulty of diagnosis, I might say impossibility, at

such a period. The specimen can be seen at the Wister & Horner Museum of the University of Pennsylvania.

LIME INHALATIONS IN PSEUDO-MEMBRANOUS CROUP.

By Benj. B. Wilson, M. D.,
Of Philadelpha.

Since my article on the therapeutic value of lime inhalations in croup, published in a previous volume of the Reporter, was written, I have used the remedy to a very considerable extent in the mixed forms of the disease; where the spasmodic or the catarrhal element seemed to prevail, and always with a result most agreeable to my patients and satisfactory and encouraging to myself. The warm vapor when respired with the atmosphere, seems to have a most soothing effect upon the mucous membrane of the air passages; relaxing spasms, promoting secretion and expectoration, and thus at once relieving the distressing dyspnœa which characterizes the disease. The little sufferer almost invariably drops to sleep while inhaling the vapor; the repose being comparatively calm and undisturbed, and generally accompanied by a profuse perspiration, which evidently contributes to the mitigation of the symptoms in no inconsiderable degree.

No case of genuine and uncomplicated pseudo-membranous croup, had however, occurred to me since writing the communication above referred to, until ten days ago, when I was called to a case of several days duration, and in which the symptoms were of the gravest and most unpromising character; and one eminently fitted for putting the therapeutic virtues of this remedy to the severest test.

I. S., aroused me at 4 o'clock, Monday morning, with a request to visit his son, three-and-a-half years old, sick with croup. The history of the case was that the little boy had sickened with a high fever and hoarseness of voice on Thursday evening, and had once or twice during the day manifested a peculiar loud barking cough, which, though somewhat alarming, had given them no uneasiness, because in other respects the little patient seemed so well, not having for a moment intermitted his accustomed plays. The hoarseness increased, until on Saturday evening the voice was quite whispering, and he spent a restless and most distressing night, having a very high fever and occasional croupy cough. The parents being young and having little knowledge of disease, and having had no experience whatever in croup, were not aware of the significance of these symptoms, and as the child seemed better on Sunday morning, no medical aid was called, and some simple expectorant was given.

On Sunday night, however, the severity of the disease became evident even to non professional observation, and my services were invoked; though in consequence of the patient living a long way from my residence, it was almost morning before I reached the house. I found the little sufferer almost in articulo mortis; speech, except in the faintest whisper, was impossible. The respiration was hurried and gasping, and accompanied by that peculiar shrill whistle on inspiration, which is characteristic of the presence of false membrane. The supra sternal fossa also was very marked and sunken at each recurrent effort at inspiration. The surface was bluish and almost mottled, and the lips and nails quite blue, showing that the æration of the blood was already considerably impeded; and altogether, the condition of the patient was such that unless relief was obtained, death impended, and that at a period not very far distant.

Treatment was at once begun, by immersion of the hips and extremities in a hot mustard hip bath, and by active counter irritation, by means of turpentine stupes to the throat and chest, and by the administration every hour of a powder composed of calomel, ipecacuanha and sal ammoniac, the child having been very freely vomited with the compound syrup of squill before my arrival. The administration of the vapor of lime by inhalation was then commenced, and having been perseveringly kept up, notwithstanding the fears and continued opposition of the child, for an hour-and-a-half, we were rewarded by seeing the suffering patient gradually respire with less effort, and fall into a comparatively comfortable sleep. The use of the remedy during sleep,

became of course, quite an easy matter, and was continued with scarcely any intermission, a fresh lump of lime being slacked at least every thirty minutes during sleep, and as often during the waking hours as the child could be induced to respire the vapor. During the entire day of Monday, little apparent change occurred in the condition of the patient, except that the respiration was markedly less labored than when treatment was commenced. A decided exacerbation occurred during the evening and early part of the night, which was met by the continued and persevering use of the remedies above indicated, with the effect of procuring very decided relief before midnight. The afterpart of the night was spent almost entirely in easy slumber, during which the inhalations were constantly continued. Tuesday morning found the little patient very greatly improved, and on Tuesday evening he was evidently out of danger, though the hoarseness and croupal cough remained for several days, and in fact was plainly distinguishable at the end of the week, especially during the spasmodic efforts of laughing or crying.

The other child of Mr. S., a little girl of sixteen months, was attacked with symptoms precisely similar to those of her brother, during Sunday night, a few hours before I was sent for. In her case, vomiting was freely induced, and a similar treatment substantially proceeded with. She was convalescent on Monday, and rapidly recovered, without catarrhal symptoms.

In my experience, the occurrence of two or more cases of *pseudo-membranous* croup in the same family at the same time, is not a *very* infrequent circumstance. It has happened repeatedly to me. Among patients it gives rise to the surmise, that the disease may have a contagious or epidemic origin. Such a suspicion is however without foundation, the disease, doubtless, being generally induced by atmospheric changes, and occurs simultaneously in children of the same family, because they are constitutionally and perhaps hereditarily similarly predisposed to be affected by the causes of the disease.

I look upon the case above narrated, as contributing materially to establish the therapeutic value of the inhalation of the vapor of lime. The case was one of undoubted pure and uncomplicated pseudo-membranous croup. It had existed for several days, and was in a most critical condition when first seen and prescribed for. No physician of experience need be reminded of the grave character of such forms of the affection, they are rightly considered almost necessarily fatal, and our weekly mortuary reports sufficiently attest the fact of their frequent occurrence. An efficient remedy for such a desperate phase of disease is a boon to the profession and to humanity, and such the vapor of lime appears to be.

It can be used in addition to, and without interfering with any other treatment; and occasions no distress whatever, when once the natural fears of the little patient are overcome. On the contrary, the *immediate* effect is always of a most particularly soothing and grateful character. There can therefore be no objection to its exhibition in cases in which the prognosis is most unfavorable, and it is in those instances particularly, that I desire the profession to give it an opportunity to prove its value. Each trial thus becomes an experimentum crucis, which will, I doubt not, soon be followed by the recognition of the remedy as an established therapeutic agent.

As stated in my last article, it can be conveniently administered by slaking in a pitcher a lump of quick lime, as originally suggested by Dr. A. Geiger, of Dayton, Ohio; a vapor bath being extemporised by two or three large quilts or blankets, supported by chairs or props, the head-board of the bed, or arm of the sofa, and including the entire body of the patient within their limits. If hot water is used, very active chemical action is at once induced, with the evolution of a good deal of heat, and the throwing of a dense watery vapor strongly impregnated with the hydrate of lime. This vapor surrounds the body, and mixed with atmospheric air is respired. It produces, besides its effect upon the air passages, a most profuse diaphoresis, which alone must exercise a curative effect upon the disease. In children of more mature years, or in adults, where a diaphoretic effect is not desirable, an inhaler or

generator with flexible mouth piece attached, would doubtless prove useful, as applying the vapor less diluted, and more nearly approaching the temperature of blood heat. Concentration of the vapor is desirable, provided a sufficiency of air for the proper æration of the blood is admitted. These details are however comparatively unimportant, and will be managed by the physician to suit the peculiar circumstances of each particular case.

Medical Societies.

EAST RIVER MEDICAL ASSOCIATION OF NEW YORK.

Stated Meeting, Jan. 7th, 1868.

Dr. John Burke, *President, in the Chair.*

The usual routine business of the evening having been disposed of, the discussion on ergot was resumed.

The Use of Ergot in Labor.

Dr. Barry took up the questions propounded by Dr. Weisse at the last meeting, and spoke as follows:

I suppose now-a-days, very few medical men would doubt the efficacy of ergot in labor, or its action on the muscular fibres of the uterus; in my own experience I have seen effects, or rather, I mean to say, the want of effects, follow the administration of ergot in labor cases, enough to throw grave doubts on the virtues of the drug altogether, and certainly in the hands of an indifferent or prejudiced practitioner, would be sufficient to condemn it in toto; but whenever I found any particular preparation fail, I at once had recourse to another sample procured from a different source, and invariably have succeeded in producing marked uterine action. Again, I have seen some patients very difficult to bring under the influence of ergot, and in such cases it was only by repeated doses and by combination with brandy and opium, that I succeeded in bringing about contraction, and then when the full effect was obtained, the pains were very strong and effective.

Admitting then its efficacy, the next question for consideration is, what time is proper, and what the condition of the patient for its administration. The os must be dilated and dilatable, parts soft and relaxed, and the labor tedious. The contra indications are when there is a rigid os, as the continued and powerful pressure of the womb, from the action of the ergot on its muscular fibres, is very likely to result in the loss of the child, and perchance rupture the uterus, so far as my observation and experience have taught me.

Now then to recapitulate. First, it is settled that ergot does exercise marked influence on the muscular fibres of the uterus. Second: when labor has progressed, os dilated and dilatable, thin, membranes pressing down, parts soft and relaxed, and the natural labor pains inadequte to expel the fœtus, then ergot comes in play. Third, the fluid extract I think the best; I have tried every possible mode of administration, but have latterly confined my practice in this respect altogether to the fluid extract, and the infusion or decoction.

In partial placenta prævia, I think ergot is invaluable, from contracting the wound and arresting hemorrhage. I have always used ergot pretty freely in my practice, and never found any bad result from its use.

The President, Dr. Burke closed the discussion with the following paper on ergot.

My experience of the use of ergot extends over a period of eighteen years. I have used it very frequently during my active practice of midwifery about ten years. I can, therefore, speak confidently a few brief words concerning the drug.

First. Ergot acts on the organic nerves of the womb, causing contraction of its muscular fibres in from ten to sixty minutes after its administration. I generally give an infusion of the freshly powdered ergot about fifteen grains every twenty minutes, until the effects are produced.

Second. Ergot will not act on the uterus in every case; there are exceptions, but I think the exceptions are rare. I deem ergot as certain as most remedial agents; quinine will not always cure ague; castor oil will not always purge; opium sometimes will fail to produce sleep, and will even in some cases cause wakefulness. Nor will croton oil bring a papular eruption on the skin in every case. Until physiologists inform us how it is that drugs will not always produce their usual specific effects in individual cases, or why they even act contrary to our anticipation, our materia medica will never be accurate, and the practice of medicine will be obnoxious to change.

Third. Ergot will cause death of the child in many cases; of that I am pretty positive. How soon it will affect the child after being taken, I cannot say: some physicians say that if the child is not born in from forty to sixty minutes after its use, it will be still-born; but I have seen

it given and in twenty-four hours afterward the child was born alive. I think the result depends on the energy of its action; if the ergot only brings on moderate pains, merely hurrying up a little the natural action of the womb, the child may be born alive, hours after it is taken. But if the drug cause the womb to contract with great force, so that the interval between the paroxysms of contraction is hardly distinguishable, I think that from thirty to fifty minutes is long enough to wait without using the forceps. I do not think that it poisons the child, but it is the continued contraction of the womb with little intermission, that causes the death of the child by pressure both on the head and placenta. When ergot begins to act promptly, by placing the finger on the child's head, it will be found that the corrugations of the scalp are constant all the while, and the head only slightly recedes, whereas in natural labor, the head recedes considerably, and the scalp becomes smooth during the interval of pain, though I have noticed in cases of ergotic contraction, even of the severest kind, a slight moderation of the pain at intervals; it never entirely ceases. I am, therefore, inclined to think that this constant spasmodic contraction produces some change in the purification of the blood of the fœtus, and it may also cause the placenta to be cast off before the birth of the child, or the child may suffer from the persistent pressure on its head; however if we take these three things into consideration, there will be ample cause for the fatal results which frequently follow the use of ergot. I attribute, therefore, the whole evil effects of ergot to the persistent contraction of the womb which it excites.

When a child is still-born after ergot, I have observed that there is great pallor of the face; the child is soft and flaccid, whereas in the child dead-born from prolonged labor without ergot, the face was livid and congested, and the body had a great deal of muscular tension.

Fourth. Ergot should be therefore used with care, it is valuable where it exactly fits; the womb should be dilated or very dilatable, the presentation of the fœtus must be right—there should also be a proper proportion between fœtus and pelvis, so that the former can pass readily; uterine pains should be slow, few, and far between, for let it be borne in mind, that ergot is given to stimulate these gently, not to hurry them up too rapidly. Ergot should not be employed if the womb has already strong natural pains, if the head does not descend at the proper period, other means than ergot are required.

Fifth. Before using ergot, we should try and find where the fœtal heart is, and how quickly it beats; if the beat of the fœtal heart becomes slow after ergot has been given, say to one hundred and twenty, deliver immediately. With this intent, always have the forceps at hand when the drug is given; if the forceps have to be sent for, much time is lost, and the child will be dead ere the messenger returns. To use a common expression, have the forceps as your right bower; if not up your sleeve, at least within a convenient distance.

Let me then sum up my experience. Ergot is a powerful drug. It may cause death of the child, and rupture of the uterus. Before its use, the indications as already stated must exist; by careful examination it should be ascertained whether there be or not a reasonable proportion between the fœtus and the pelvis. Ergot may be given to expedite the pains of labor, when they are slow and of very little force, care being taken to have the forceps at hand if the fœtal heart begins to beat much slower than usual. I am aware that it is not always possible to find out the pulsation of the fœtal heart, but at all events it should be ascertained if possible before using ergot. With these precautions, I think that ergot is a safe medicine for mother and child where its use is properly indicated.

Finally. Ergot is said to cause flooding, and it may occasionally do so indirectly, because the womb is so much exhausted after the expulsion of the child, that it is unable to contract firmly, hence it is well to see that the womb contracts firmly after severe ergot pains. If flooding takes place, other stimulants besides ergot will be required to excite the exhausted muscular fibres of the womb to action; if there be flooding, or a retained placenta where ergot has not been used before the birth of the child, then it will assist the other means very much in arresting hemorrhage and causing the expulsion of the placenta. In active flooding, ergot alone cannot be depended on, it will not do to wait twenty minutes or half an hour for its action.

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Stated meeting, Feb. 4th, 1868.

Dr. John Burke, President, in the chair.

Dr. Newman reported the illness of Dr. Cheesbrough, and recommended the addition of two members to the committee on visitation of the sick. On motion, the question was put and carried. The committee as now constituted, consists of seven members, as follows:

Drs. Wm. Newman, Truman Nichols, John

Burke, R. J. O'Sullivan, H. E. Crampton, Montross L. Smith, and Samuel Blume.

Dr. Stein submitted a proposition that printed lists of the names of the members of the association be furnished the druggists who have promised not to repeat prescriptions without the written order of the physician, for the purpose of preventing any evasion of the resolutions on the plea of ignorance, etc. Carried.

Dr. Weisse read an able and elaborate paper on the Cell Theory, its bearings on Histology, Pathology and Therapeutics.—Illustrating and explaining his remarks with copious diagrams. At the conclusion of which he received a vote of thanks of the association.

Notice was given by the chair that at the next meeting, Dr. Alexander W. Stein would read a paper on Constipation, and requested the members to come prepared to follow up with a discussion, giving their experience as to treatment, etc.

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Stated Meeting, March 3d, 1868.

Dr. John Burke, President, in the chair.

Dr. O'Sullivan informed the meeting that he had received a communication from Dr. V. H. Taliaferro, Secretary of the Columbus, Ga., Medical Society, requesting to be informed what action had been taken by the East River Medical Association, in the matter of the unauthorized repetition of prescriptions, etc., and stating that the medical society of which he was secretary, had taken similar steps some time ago, but without any decided success, as the majority of the druggists refused to consent; but seeing in the Philadelphia Medical and Surgical Reporter of January 4th, 1868, a report of some of the proceedings of the association on the subject, he asked for further information, and in accordance with this request, he had placed the matter in the hands of the secretary.

Dr. Purcell said he had sent on to Dr. Taliaferro, a complete history of the proceedings from the beginning, enclosing a copy of the resolutions, and mentioned that he had also received a communication from Dr. Daly of ————, asking for information on the same subject, and which he had answered in like manner.

Dr. A. W. Stein read the following paper on

Constipation,

Its Causes, Symptoms, and Treatment. The general acceptation of the term constipation, indicates a condition of the bowels in which the evacuations are less frequent than in health, inordinately hard, less in quantity, and with difficulty expelled.

Some authors describe this affection under three distinct heads: viz., costiveness, constipation, and intestinal obstruction.

For practical purposes, however, the distinction between costiveness and constipation is unnecessary, inasmuch as the essential difference depends upon the duration and severity of the affection. Therefore we will recognize but two varieties, viz., constipation and obstruction.

In deciding as to the existence of constipation in any particular case, it is always proper to inquire into the frequency of the alvine evacuations in perfect health, for it is well known that this act differs in different individuals, and also in the same person at different periods; this depending in all probability upon the powers of digestion; sensibility of the intestinal tract, especially the colon and rectum, and upon the quantity of refuse matters furnished by the food.

The most common frequency of this act in adults is once in twenty-four hours. There are, however, many exceptions to this rule, for while some have two evacuations daily, with others two or three days elapse without a renewal of this want, and yet this condition often co-exists with apparent health.

In this connection it is also well to remember, that, notwithstanding a person may have regular evacuations, with regard to the period of their recurrence, the discharges may be of insufficient quantity, and a portion of the matter is thus retained, and accumulations insensibly take place.

The causes of this affection are numerous, and not always easily determined.

It is often concomitant with remote disease. If idiopathic, it will be due either to some functional derangement, or mechanical obstruction. With reference to the first, I would mention principally those which tend to impair the peristaltic movements of the intestines, by weakening the contractibility of its muscular fibres, namely, a deficient or abnormal secretion from the gland of the alimentary canal and its accessory organs—the astringent nature of certain ingesta —an habitual neglect or inattention to the demands of nature—a frequent use of cathartics by which the sensibility of the canal becomes exhausted—sedentary life-nervous influences, etc.

As to the frequency of these causes respectively, I believe that in the majority of cases, at least as far as my observation extends, those due to habitual neglect stand first on the list, and are the most intractable, both as regards their duration and treatment.

Mechanical impediments to the passage of the alvine contents may be either intrinsic, such as the presence of impacted feces, strictures, intussusceptions, twists, etc.; or extrinsic, as the encroachment of tumors on the calibre of the intestines, such as frequently obtains in pregnancy, owing to the enlarged condition of the uterus; ovarian tumors, etc.

The symptoms of this affection will, of course, depend upon the severity of the case.

The retention of fæcal matters in the large intestines is often followed by retention in the blood, of substances which it is the province of the bowels to eliminate, and also by the introduction into the circulation of much that otherwise would have been excrementitious, thus favoring the development of the diversity of ills which constipation is noted for.

Independent of the inactivity of the bowels with difficult evacuations, the following are the prominent symptoms. Headache, vertigo, defective appetite, gastric derangements, furred tongue, offensive breath, sallow complexion, cold feet and hands, palpitation of the heart, neuralgic and colicky pains, flatulence, and borborygmi.

From the fact that these symptoms appear insidiously, occasioning at first but little inconvenience, they are frequently overlooked, and thus alvine matters continue to collect, diminishing more and more the susceptibility of the colon to the influence of its natural stimulus, until it loses entirely its power of salutary reaction.

The rectum becomes distended and impacted, and its muscular coat often paralyzed to such a degree, as to render it inadequate to expel the indurated mass.

The injurious effects of over-distension of the colon, by exercising pressure upon the neighboring blood-vessels, nerves and ureters, is manifested by the occurrence of hemorrhoids, varicose veins, œdema of the lower extremities, pains in the loins and down the thighs—disorder of the urinary organs, and many other ills, which it would require more time than is allotted me to enumerate.

Perhaps I should have stated as a point of diagnostic value, that it has been observed in cases of obstruction due to undigested aliment, that the seat of impediment is often at the termination of the small intestines, and in such cases the symptoms closely resemble strangulated hernia.

The treatment must be relevant to the cause, which must necessarily be removed, ere recovery can be expected.

The indications for treatment in cases of torpid function of the colon, consists,

First. In removing the retained matters.

Second. In restoring to the bowels their natural energy, and obviating, (if possible) a recurrence of the cause.

The first can be accomplished by cathartics which tend either by their eliminative action, or local irritation, or both, to increase the secretion from the inner surface of the bowels, excite peristaltic contractions, and thus cause the ejection of the contents. The second indication will usually be fulfilled by the administration of tonics, attention to general hygienic means, and occasionally the use of cold water enemata.

In cases of habitual constipation, I always endeavor to impress upon my patients the paramount importance of this advice—that as they accustom themselves to stated hours for their meals—so should they with equal regularity, habituate themselves to having evacuations every day at a particular hour, and although they may at first have no inclination, nature will, if at all encouraged, perform her functions with perfect regularity.

It is important in this, as in other forms of constipation, to regulate the diet, which should be of easy digestion, not likely to yield a large amount of residual matter, not of an astringent, but rather of a ralaxing nature.

The frequent recourse to cathartics is to be deprecated, for the reason that the bowels soon becoming accustomed to this artificial stimulus, and will not act without it; yet, a judicious employment of laxatives in the beginning of treatment is not infrequently indispensable. They should always be taken upon an empty stomach; either at night when going to bed, or in the morning, a half an hour or an hour before breakfast. They will thus act more readily, and with less unpleasantness to the patient, a glass of cold water or some ripe fruit, taken before breakfast, will often act in a salutary manner upon the bowels. Belladonna is undoubtedly a remedy of very great value in constipation. I have been so pleased with its effects in many instances, that it has become almost a routine with me to prescribe it in this affection. Its action is always gentle and constant, which is a great desideratum, especially in the treatment of habitual constipation.

Dr. Alexander Fleming, of Queen's Hospital, Birmingham, in an article upon "The use of Atropia and of Galvanism in Constipation," very plausibly explains the modus operandi of atropia—which I think applies as well to belladonna—

as follows: He believes that the drying qualities of atropia deprives the intestinal mucous membrane of its natural coating of mucus, and the irritation caused by the contents of the canal when its surface is thus unprotected, provokes more prompt and vigorous contractile action.

"Secondly, atropia constricts the smaller arteries; and we can understand that a gut dormant and paralyzed by distension is the subject of passive congestion, the continuance of which will continue to maintain its state of inertia. Atropia acting on the arteries checks the supply of blood to the bowel, relieves the congested muscle, and thus facilitates its return to healthy action."

Galvanism is highly extolled by Dr. Fleming and others. I am not prepared to report at present upon its effects. It is true, however, that galvanism applied in the manner usually directed, will, through the medium of the sympathetic system of nerves supplying the intestinal canal, excite vermicular movement, and in that way, if in no other, prove a valuable agent in many cases.

These means, when properly carried out, will in most idiopathic cases affect a permanent cure. In inveterate cases, however, where the lower bowel is obstructed with impacted feces, it will often become necessary to remove them by mechanical means, before attempting other measures. The diagnosis of constipation, especially when of long continuance, is sometimes very difficult, and liable to completely deceive both patient and physician. I was consulted sometime ago by a gentlemen, who told me that for a period of over twenty years he had suffered from pain in the lumbar region, of more or less intensity. At times his sufferings became so severe as to be almost unendurable; his general health otherwise seemed good. I recommended counter-irritation, liniments, etc., but without any effect. I was completely puzzled. At last I determined to try the effects of a powerful cathartic, and the consequence was the evacuation of an almost incredible quantity of hardened fœcal matter, and complete and permanent relief from pain.

Dr. Morse said, where all other means had failed to overcome obstinate constipation, he found charcoal of benefit, and in reference to the constipation of infants, which always causes so much trouble, he is in the habit of giving corn starch twice a day, with decided success, when medicine failed.

Dr. Burke said, he always gives belladonna in habitual obstinate constipation, believing the muscular coat of the intestines to be contracted by spasm; he judged also that congestion formed one of the concomitants of obstinate constipation, both of which are relieved by the action of the atropia.

He attended a man suffering from constipation, who, at the time he saw him, had been three weeks without a movement of the bowels, and during that time had been dosing himself with various cathartic remedies without effect. Administered belladonna, one-third of a grain, every two hours, until the pupils were affected. Copious evacuations were induced, and the patient recovered.

In sciatica he always commenced the treatment by giving cathartics, Croton oil, etc., before giving the potass. iod.

Dr. Newman said he has been in the habit of using belladonna in obstinate constipation for many years past. He found it of especial benefit in the constipation of peritonitis, etc. Gives it combined with opium.

Dr. Montross L. Smith said he found women who suffered much from constipation were in the habit of dosing themselves with large quantities of cathartic remedies. In such cases he found great benefit from combining from one-sixteenth to one-twentieth of a grain of strychnia with a little blue mass, or rhubarb, or aloe pill.

Dr. Acheson found in a large dispensary practice, constipation to prevail among certain classes; for instance, Americans; and among the foreign population, the Irish generally required a good cleaning out before treatment, owing probably to the amount of solid food indulged in; while, on the contrary, the Germans are rarely constipated, from the sloppy nature of their food.

A person may have an evacuation every day, and still have the bowels loaded with fœces. He had been called to see two persons with bilious fever, who had been under homœopathic treatment, with no effect. Gave calomel, and opium, and castor oil. The patients recovered, without any trouble, after copious evacuations.

Dr. O'Sullivan closed the discussion with a few appropriate remarks, when the meeting adjourned.

Warmth of the Snow Blanket.

Much controversy has existed as to the warmth imparted to the earth by a covering of snow, until M. Boussingault, during the winter of 1841–2, found that a thermometer plunged in snow to the depth of a decimeter (about four inches) sometimes marked nine degrees of heat greater than at the surface.

Editorial Department.

Periscope.

Liquid Oxysulphate of Iron.

Dr. J. R. Black says, in the *Lancet and Observer:* "In 1863, an old physician of Tennessee, in return for some civilities, handed me the following *recipe* for what he termed the 'Liquid Oxysulphate of Iron,' which he highly lauded, and said that it had been a great favorite with the few physicians who had knowledge of it. Five years' use of it in my practice fully confirms the favorable estimate of its qualities, which it gives me pleasure to communicate and make public.

℞.	Ferri sulph.,	ʒij.	
	Acid nitric,	f.ʒiij.	
	Aquæ distil,	f.ʒjss.	M.

"Rub the sulphate with the acid slowly in a mortar, gradually add the water after the sulphate is all dissolved, and filter through paper. Dose, from six to twelve drops, in water or quassia infusion.

"I have found this preparation to be one of singular efficacy, in a majority of cases, where iron is indicated. It is also an excellent appetizer, and the most palatable of all the ferruginous preparations. In the proportion of ʒjss. of the liquid to ℥jss. of water, its taste precisely resembles that of alum. But substituting simple syrup for the water, the flavor is seldom objected to, even by the most fastidious. When thus mixed, the dose is a teaspoonful. Besides, it is cheap, easily made, and, with quinine, makes a beautiful clear solution, and a tonic unsurpassed. Those who will use this preparation once, will never feel like again resorting to the so-called elixirs of iron."

Aqua Nicotianæ.

Dr. J. S. Unziker, of Cincinnati, in the *Lancet and Observer*, gives the following recipe for this preparation:

"Take of fresh green tobacco leaves eight pounds, cut them, and add alcohol one and a half pounds; water sufficient; mix and distil eight pounds.

"Care must be taken that the leaves do not become heated by being tied up in bundles, as this would impair the preparation and impart to it the odor of tobacco. The leaves should be taken just before the plant begins to bloom, and should then be worked up as soon as possible; for when the leaves once become spotted, the preparation assumes more or less the poisonous effects of dried tobacco, which is not the case if freshly prepared.

"This remedy was first introduced in Germany by Dr. J. G. Rademacher, and if prepared, as above stated, can be given with perfect safety to the smallest child, without any one of the injurious effects produced by dried tobacco. From this I judge that nicotin is not developed and communicated to the distillation as long as the leaves are fresh. For the last eighteen years I have used the aqua nicotianæ with the best results, in the first stages of pneumonia and fevers generally. It reduces the pulse promptly, at the same time acting as a strong diaphoretic, making it especially adaptable to all fevers originating from colds. But where the tongue is dry, or becomes so after taking it—which is rarely the case—it must be omitted. Its action on the spine and cerebellum is also remarkable. In fevers of children, where diarrhœa is present, and the brain more or less implicated, and opiates inadmissible, it gives prompt relief by reducing the fever, promoting the action of the skin, and gradually checking the diarrhœa, and removing all cerebral symptoms. The dose for adults is from ʒss.—ʒj. every hour or two, and may, with advantage, be given in the form of a mixture, in combination with nitrate of soda, acetate of potassa or bi-carbonate of soda."

On the Treatment of Poisoning by the Cobra.

Before I venture to enter on the consideration of the cause of death, and *modus operandi* of the poison, occurring from the bite of the cobra de capello, communications on which subject are invited by Dr. Shortt, of India, I will relate a case of a man bitten by a cobra some years ago, and whose recovery took place by the adoption of the following treatment: A horse-keeper in the service of the late Dr. Spilsbury, Physician-General of Calcutta, was bitten by a cobra. Dr. Spilsbury at the time was stationed at Jubulpoor, in Central India. The Doctor, on being informed of the accident, instantly ordered his horse to be harnessed and put to the buggy. He directed that the man's hands should be tied to the back of the gig; and when this was done, he mounted it, and drove the horse steadily for a distance of several miles, the man running behind him. On arriving at Jubulpoor the man's body was bathed in the most profuse perspiration, and he was almost powerless from excessive fatigue. Dr. Spilsbury then administered repeated doses, at regular intervals, of eau de luce, keeping the man in constant gentle exercise.

After a few hours he was out of all danger, and recovered from the bite. This man's life was doubtless saved by maintaining, by *continuous* and *forced* exercise, the action of his heart and lungs, and thus preventing the paralyzing influence of the poison upon those organs, and, at the same time, causing his skin to act so profusely as to make it the eliminating channel for discharging the poison from the system.—Peter Hood, M. D., *in The Lancet.*

Reviews and Book Notices.

NOTES ON BOOKS.

We have previously stated that the Imperial Library in Paris—the largest in the world, was making a catalogue of all the medical works it contains. The second volume of this important production has appeared.

The following *brochures* have been received: "Intemperance: its Causes and Cure. A lecture delivered before the Zanesville Lodge of Good Templars, by Col. John G. F. Holston, A. M., M. D., Zanesville, Ohio, 1868." We hope the address found attentive listeners and helped to increase the organization.

"Money. By Geo. S. Lang, Phila. 1868." The topic is one of the deepest interest, though, alas! an editor is obliged to have less to do with it than he wishes.

"Constitution and By-Laws of the Camden City Dispensary. Camden, 1868." An excellent charity.

"Fifty-fourth Annual Report of the Trustees of the Massachusetts General Hospital, 1867. Boston, 1868." The most interesting portion of this pamphlet is the Report of Dr. John E. Tyler, Superintendent of the McLean Hospital for the Insane. Dr. Tyler during the past year visited many of the establishments for the insane in Europe, and gives a description of their merits and demerits, which will be found very instructive and also very entertaining.

Ambulance and Sanitary Materiel, forming part of a Report on Class XI, Group II, Paris Exposition, 1867; prepared by Thos. W. Evans, M. D., Paris, 1867. Pamphlet, 8vo., pp 31.

History and Description of an Ambulance Wagon, constructed in accordance with plans furnished by the Writer. By Thomas W. Evans, M. D., Paris, 1868. Pamphlet, pp., 34. Published for private distribution.

The great attention which Dr. Evans has paid to the sanitary science of armies is well known to all who have read the accounts of the Paris Exposition last year. The Collection Evans in that immense assemblage of the devices of human art was unsurpassed and unique. It may be said to have illustrated the best phases of modern civilization more vividly than any of the millions of other objects which were there displayed. In it was exhibited the results of philanthropic effort to mitigate the horrors of war and to relieve the sufferings of wounded and captive enemies.

With Dr. Evans this was a labor of love. He had no axe to grind, no patent medicine chest or dietetic preparation to dispose of, no position in any Sanitary Commission to intrigue for. He wished by collection, study, and comparison, to improve still further the means of relief for the sick and wounded soldier.

In the first of the above mentioned pamphlets, is a brief review of the objects displayed in the Exhibition in the group of "Ambulance and Sanitary Material." It contains a very just estimate of the relative value of the various articles exhibited.

The second pamphlet describes a new model of an ambulance wagon devised by Dr. Evans himself, who had studied with care the different varieties used in Europe and in our late war. The ambulance he proposes, is in general appearance closely similar to those so familiar to most of our readers, being as its inventor says, "decidedly American in type." The differences consist in having steel springs set in the floor, eight in number, placed to correspond with the iron wheels of the mattresses which are run in upon them; in the attendant's seats, which are made to unfold from the rear of the wagon, allowing two attendants to sit sidewise; in having suspension loops or straps of caoutchouc placed in such a manner that two litters containing wounded can be safely suspended over those lying on the matresses; and in several minor accessories. The plan seems a very good one, aud only one criticism occurs to us. The hind-wheels are four feet five inches in diameter; the fore-wheels three feet and one half inch in diameter. Though this facilitates turning, it very much increases the draught, and we believe that if Dr. Evans had witnessed ambulances ploughing through Virginia mud to the extent of some of us, he would not recommend anything in the construction to increase the strain on the animals, even if it did offer some advantage in good roads. On the march, an ambulance always has the worst of the road, for it must follow the ordnance, and too often the supply trains.

Medical and Surgical Reporter.

PHILADELPHIA, APRIL 4, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

WANTED.

☞ The following numbers of the Medical and Surgical Reporter *are very much needed at our office. For* ALL *of them we will credit* ONE DOLLAR *on subscription, or ten cents a copy for less than the whole.* Those of our subscribers who do not care to preserve their files, will confer a great favor by returning these numbers. They are:

Nos. 559. 560, 561, 562, 563, 564, 565, and 566—or from Nov. 16, 1867, to Jan. 4, 1868, *both dates included.*

CONTAGION.

The mysterious something with which the pestilence strikes us at noonday, and which poisons the atmosphere of the sick-room, is beginning to be better understood since the microscope has been devoted to the study of pathology. We begin to perceive once again the great truth, that it is not death that kills us, but that it is life in lower, gaining the victory over life in higher forms; in other words, that those effects which have long been talked of under the names *infection* and *contagion*, are in fact produced by the reproduction of innumerable organized vegetable existences, extremely minute, and endowed with the faculty of increasing with inconceivable rapidity. It is doubtful whether they are propagated by cells, for the time-honored doctrine, *omnis cellula e cellula*, has received some hard knocks lately. More likely, free nucleoli, germinal masses, small beyond all calculation, light as air, capable of remaining dormant for an indefinite period, but capable likewise, under favoring circumstances, of immediate development into cells and plants, and of infinite reproduction, float in the atmosphere, adhere to the clothing, and cling to the person of the sick.

Whether, as Professor Salisbury imagines, this is true even of the syphilitic virus and the gonorrhœal discharge, whether, as other writers have maintained, the poison ejected by the rattlesnake and the cobra da capello, are all endowed with their toxic properties by the presence of such minute organism, microscopical science has as yet not pronounced positively. But that cholera, small-pox, the vaccine lymph, and typhus, exert their influence on the body by this means, is, we may say, about proven.

The examination of injections in cholera and cholerine reveals an infinity of microscopic vegetable growths which are now generally recognized to be the cause of the disease. This discovery was made simultaneously by Dr. Klob, of Vienna, and Dr. Thomé. Those species of low vegetable forms, called by botanists mucor, penicellium, and mycelium, bear a very close resemblance to the cholera-plant, and it has been suggested by Dr Hallier, one of the students who have extended our knowledge of the subject, that under certain climatic influences the cholera-plant may in fact degenerate into them. The wonderful transformations which science has already shown to be common in the lowest forms of animals and plants, transformations not less strange and incredible than those which, in the Arabian Nights, are legended to have proceeded from the touch of the sorcerer's wand, give us no cause to reject this supposition.

In the lymph derived from small-pox pustules and vaccination, some late observers have shown a self-reproducing agency is at work, evidently of analogous character. If the purest transparent lymph is preserved in a capillary glass tube, under favorable circumstances it will be seen to gradually become cloudy. Strings or bands of whitish-looking substance will be seen to extend through it. Beneath a powerful microscope this proves to be a cell formation, a veritable growth in fact. Indeed, if the most transparent fresh lymph is critically studied, these light clouds can be found. These were seen as early as 1846, by G. Simon, and described in Müller's *Archiv* for that year, but by him were supposed to be pus cells. They have lately been examined by Dr. F. Kleber, of Dantzig, (Virchow's *Archiv*, February, 1868,) who claims that as far back as 1854, he had held the opinion that they were living independent bodies.

Some experiments with them are described by Dr. H. Schurtz, of Zwickau, in the *Archiv der Heilkunde* for January, 1868. He took a little of the vaccine lymph, and taking fresh pure serum from a blister, succeeded in propagating

the vegetable organism of small-pox. It resembles the micrococcus, and he thinks that it is close to mushroom forms of vegetables known as *ustilaginea* and *uredinea*. Dr. Schurtz likewise thinks he has discovered a similar microscopic plant which causes scarlatina.

We mention these discoveries not only because they have great interest in themselves, but because they give some valuable hints for the rational treatment of contagious disease. If cholera, for which we have no rational treatment at present, arises from the cholera plant, then remedies calculated to destroy the lower forms of vegetable life are indicated. Such are undoubtedly the sulphites; and the experiment would be worth trying, whether these in large quantities would not restrain its symptoms.

It gives us a hint, too, by which we can direct our search when casting about for new remedies; it perhaps promises that after a while we can do better than fold our hands before a case of fever and say, "Fever can never be cured," as one of our cotemporaries has lately asserted. It further enlightens us in reference to the action and choice of disinfectants, and suggests where we can obtain those which are really the most efficacious, proving the superficiality of that view occasionally maintained, which pretends that all disinfectants are merely deodorants.

THE PHILADELPHIA ORTHOPÆDIC HOSPITAL.

There is a large class of diseases freedom from which comes from itself in time, and there is another class, also large, freedom from which can only be bought at considerable outlay of money. These latter, therefore, are peculiarly objects of charity; they appeal with the greatest force to our benevolence; and here more than anywhere, should wealth be willing to extend the helping hand. This class chiefly includes bodily deformities of various kinds, which can only be remedied by complicated and costly apparatus. They come within the province of orthopædic sur-surgery.

Therefore we mention with the greater pleasure, that in this city a hospital has been recently incorporated, and has now actually commenced operations, devoted to the interests of this class of patients. In the Board of managers, are some of our best known and highly respected citizens, in whose judgment and integrity the public can place implicit confidence. The consulting surgeons are Professor S. D. Gross and Dr. G. W. Norris; the attending surgeons Drs. T. G. Morton, D. H. Agnew, H. E. Goodman and S. W. Gross, gentlemen whose skill in this department of chirurgical science needs no encomiums from us.

The establishment is at present located at 15 South Ninth street, opposite the University of Pennsylvania. A daily clinic is held from twelve to one, when advice and treatment are furnished gratuitously to those unable to pay. The circular of the institution says:

> "The classes of cases which it is contemplated to treat, include club-foot, hip and spinal diseases, and bodily deformitities in general; it may be added, cases which appeal most forcibly to the aid and sympathy of the community."

Contributions in aid of the hospital, it is added, may be sent to the Treasurer of the Board, Jos. C. Turnpenny, No. 813 Spruce street.

Philadelphia was not without charities previously for the relief of such sufferers. The wards of the venerable Pennsylvania Hospital and of the Philadelphia Hospital, were always opened gratuitously to them to the extent of their accommodations; and the late James Wills of honored memory, left a handsome monument to his own philanthropy, in the hospital called by his name "for the relief of the indigent blind and lame." But in a city of the size of Philadelphia, there is abundant room for another foundation, devoted especially to the care of physical deformity, and doubtless the division of labor which is thus obtained, will be the means of producing more perfect work, and also in relieving a larger amount of suffering.

Like most inchoate underdertakings, the Orthopædic Hospital has had its difficulties to contend with, but we are assured that they have been successfully encountered, and

that every arrangement has been made to secure a harmonious working of the institution. May it prosper as it deserves, and prove one of those ornaments to our city, which allow us to boast of it with a pardonable pride.

Notes and Comments.

Ophthalmology.

To enable the Committee on Ophthalmology to present as comprehensive a report as possible, at the meeting of the American Medical Association, to be held in May next, at Washington, D. C., the following queries have been addressed to those interested.

1st. What Medical Colleges, or Departments, have a Professorship, or Lectureship, *specially* devoted to Ophthalmology?

2d. What Hospitals, or Infirmaries, are *wholly*, or have a Department, *specially* devoted to Disease of the Eye?

3d. What Colleges, Medical Departments, Hospitals, or Infirmaries, have Clinical Lectures or Teaching, *specially* devoted to the eye?

4th. How many Asylums are there for the Blind, and where located? How many inmates have they, and can they accommodate. Answers to these queries and any other information on Ophthalmology may be addressed to Dr. Jos. S. Hildreth, 159 Michigan Av., Chicago, Ill.

Russian Military Surgeons.

The condition of things in the medical staff of the army of the Czar, must be anything but fortunate for the sick, if the following story clipped from a German paper be correct.

"The death is announced of a man in St. Petersburg, whose career well illustrates the characteristics of Russian service. He had never studied medicine, and never passed an examination, yet nevertheless was a military surgeon of high grade and a member of council, besides having his coat adorned with numerous orders. Chance had placed him in possession of a diploma, and the testimonials of a deceased relative, a physician, and these alleged to be his own, admitted him to the army, first in the Caucasus, then in St. Petersburg. He managed to avoid as much as possible the treatment of the sick. Once he told his superior officer that he was particularly unlucky with his cases, and as this proved to be true, and as he had considerable executive ability, he was assigned to bureau duty. On one occasion, he gave all his patients a full dose of castor oil, and led his confrères to imagine the type of disease had suddenly changed."

Yet an instance nearly similar, if we are rightly informed, took place in our own war. A barber in New Jersey, without a diploma, and knowing little more medicine than is required in the exercise of his craft, became a Surgeon U. S. Vols., without any real examination, held various positions of trust and honor, and is now living as a full blown M. D. He was nearly all the time on bureau duty, and thus avoided operations very successfully.

A Golden Wedding.

Dr. George W. Bradford and his wife, on the 17th of March, celebrated the *fiftieth* anniversary of their marriage, at their residence in the village of Homer, N. Y.

For nearly fifty years the Doctor has been an active practitioner in his profession, and nearly all this time in Homer, settling there when the country was comparatively new and sparsely populated.

Dr. Bradford during the active period of his life, was a prominent and useful member of the N. Y. State Medical Society, and for many years was a member of the State Legislature, where he exerted his influence in behalf of sanitary reform, and in the interest of the medical profession of the State.

"A Common Scold."

On many of our statute books will be found some old laws for the punishment of "common scolds." It was women usually, who suffered the penalties for the transgression of this law, and some of the forms of punishment were very disagreeable and even painful. These consisted of the pillory, the ducking stool, and various kinds of head gears, bridles, or restraints intended to confine the tongue, giving the unfortunate subject of the punishment a very uncomfortable and ludicrous appearance. We have not the slightest doubt that in most of the cases the unfortunate victims were really insane, and needed a very different kind of restraint and treatment from that resorted to.

The following item we find in a western paper:

"Cora James, alias Samantha Proctor, was arrested in St. Louis yesterday, on the charge of being a common scold, and in default of bail was sent to prison."

It occurs to us whether this is not the same person who has been a "thorn in the side" to Dr. McFarland, Superintendent of the Illinois State Hospital for the Insane, causing him and

the Legislature of that State a great deal of trouble with a very slight foundation. If so, "insanity" would probably much more truthfully describe her case than "common scold."

We notice that she was sentenced to six months' imprisonment as a "common scold."

Correspondence.

DOMESTIC.

Surgeons on Railways.

Editors Medical and Surgical Reporter:

In a recent issue, you ask for some information concerning "the plan and its workings," of the appointment of Surgeons on the A. & G. W. R. R.

Before closing your article you say, "it is well known that the public is indebted to Dr. Arnold, for urging this matter upon the attention of railway corporations," thereby showing that you are prepossessed in favor of the *plan*, by information already in your possession.

I propose briefly to answer some of your interrogatories, and close by proposing one or two in turn to you.

The Surgeon in Chief of the Road, is J. T. Ray, M. D., of Meadville, Pa., who has appointed subordinates at all the principal points along the road from Dayton to Salamanca, whose duties have been well explained by another corresponddent.

These surgeons as far as I am aware, are upright, honorable members of the profession.

The workings: Circulars were distributed in all the shops, giving the names of all the Company Surgeons, and requiring employees to send for these surgeons in case of need, as the bills of none others would be paid by the Company.

No considerable class of persons will employ the same physician, where there are others equally good, unless compelled to do so, and those compelled against their will find frequent cause of complaint against the surgeon for neglect, etc., where probably none exists but in their own imaginations.

The plan and its workings is in reality precisely similar, though on a larger scale, to that of hiring a family physician by the year, in order to obtain his services at a reduced compensation, a practice discouraged by all medical associations of regular physicians, as far as my knowledge extends.

In what particular the public or the profession is indebted to Doctor Arnold for his original suggestion, I am at a loss to understand. I can more readily comprehend, however, why Railway Corporations should hasten a fortune on the Doctor, and permit him to retire and enjoy that ease few physicians ever experience.

Although it is conceded that the Company surgeons are fully competent in case of an accident to give necessary assistance to the unfortunate sufferers, yet it would be assuming more than the Company or their surgeons would dare, to assert that there are not other surgeons at all those points equally competent, and equally prompt and willing to serve the public in case of an emergency.

But enough, and to my questions.

There are many surgeons on the line of the Road who would be gratified at having the following points determined by competent authority, and who would abide your judgment in the matter.

Does Sec. VI. of Art. V., of the National Code, apply to surgical cases on the Road? Or, in other words, if an outsider adjust a fracture and apply apparatus, in the absence of the Company Surgeon, must he relinquish the subsequent treatment on which so much of the success of the "setting" depends, to the surgeon of the Road on his return? If so, how much of legal responsibility attaches to the first surgeon in case of non-union?

Is it, or is it not somewhat humiliating for an old surgeon to be compelled by a corporation to refer his bllls to be audited and approved to a young competitor, in the same town or city, however honorable the competition or generous the award?

An "Out."

Ascites Cured by Tapping.

Editors of Medical and Surgical Reporter:

I send you a short statement of a perfect cure of an immense ascites by a single tapping.

Mrs. Huey, wife of Samuel H., of Fayette County, Pa., apparently a strong healthy woman above the medium size, had been married for several years, had no children; noticed the abdomen enlarging in the year 1856, and she and her friends supposed for a year that she might be pregnant, but the enlargement continued gradually to increase for eight or nine years. The general health quite good for six or seven years, when she began to suffer constitutional disorder, produced chiefly by the pressure of the fluid on the viscera. In March, 1865, I was requested to visit her. She had never been medicated. I found the abdomen so distended that I considered it utterly useless to attempt to get rid of the fluid by medication, and told them so, and proposed to tap, and then prescribe to prevent refilling if possible. She preferred to try

some medicine; for a short time I gave the hydragogue cathartics and diuretics, of various kinds, with little or no benefit, and on the 25th of June, 1865, in company with my son, Dr. H. S. Lindley, we performed the operation of paracentesis, and drew off sixty-six (66) pounds of fluid, which we carefully weighed, and the husband thinks he spilled at least two or three pounds in handling the fluid before weighing. We bandaged well, gave some cordials to relieve the sinking faintness, and left the case to the vis medicatrix naturæ—expecting that the abdomen would soon fill again. But we were agreeably disappointed. She recovered perfect health, and to-day is as healthy a woman as there is in the neighborhood. She is about forty years of age at present.

L. Lindley, M.D.

Connellsvile, Pa., March 7th, 1868.

A Case in Practice.

Editors of the Medical and Surg. Reporter:

I send the following reflections on a case in practice.

Mrs. H., primapara; aged about 18 years. A healthy woman. Was confined January 14th, 1868; a daughter. No medical attendant. Had an easy time, did well.

On the morning of 28th had exposed herself by walking with bare feet on the matting; and making fire in her night dress. Evening: insisted on making buscuit for tea; was not permitted.

About midnight was taken with chills, purging, vomiting, pain in the head and back, especially the back.

29th, 7, A. M. Was called in. On entering the room where she lay, her first remark was "how black you all are!" On raising her hand to have her pulse felt, she said, "how black my hand is?" Being asked, she recognized me, and again exclaimed, "how black you all are!" This, I think, was the last time she spoke voluntarily, though she retained her consciousness, more and more impaired until about midday.

Symptoms. Rigors, pain in the back and head, eyes bloodshot; pupils about natural; breath somewhat fœtid; vomiting a small amount of dark green matter; purging about ceased; stomach acid; tongue furred, white coat; skin dry, but not hot. Breathing 35 per minute; pulse 110; weak.

Diagnosis. Congestion of the brain, with puerperal poisoning; prognosis very unfavorable.

Treatment. Sinapisms to the whole extent of the abdomen, and calves of legs, with moist heat to the whole surface; ice water to the head. R. carb. potass. 10 grs. calomel 10 grs. gum camph. grs. 3. M. Divide into three powders; take one every hour. Also 5 grs. of pulv. Doveri, 3 grs. calomel at 11 o'clock.

Midday. Worse. Breath more fœtid; breathing 40 per minute. Pulse 120 per minute weaker. Consultation asked in hopes a radical change of treatment would be suggested or sanctioned; diagnosis confirmed.

Treatment. Two grains of calomel every two hours. Sinapisms to abdomen and legs continued; moist heat continued; ice water continued to head; blister to back of neck.

I should have said that the skin was now warm and moist, and the patient nearly unconscious.

9, P. M. Had a copious, very fœtid, involuntary evacuation; passed urine. Breath very fœtid; could not examine the tongue. Breathing 50 per minute; pulse too fast and thready to count. Feeling that I could do absolutely nothing, I dressed the blister which had filled well, and continued the treatment, except sinapisms.

2, A. M. 30th. Died. Being satisfied with the diagnosis, an autopsy was not asked for.

I have given the details somewhat at length, in order to ask some questions and make some remarks.

And first. Must such things be, and we not able to assist nature?

Suppose that I had so far turned my back on the orthodox plan of treatment, as to have given chloroform in half drachm doses every two hours, alternating with tr. fer. chlor., 20 drops, and added calomel 2 grs. every two hours, would not the treatment have been more rational and better? Of course the sinapisms, moist heat, ice-water, etc., should have been continued.

I would use chloroform because of its sedative and antiseptic properties. The tinct. fer. chlor. as a tonic and a zymotic remedy; and the calomel to eliminate the poison from the system.

What say others?

G. P. Bissell, M.D.

Washington Territory.

Spontaneous Dislocation of Shoulder-Joint.

Editors Medical and Surgical Reporter:

I met with a case of spontaneous dislocation of the shoulder-joint of fifty-two (52) years standing, which is of interest from the fact of the rarity of this form, the subject being in a rancho near this post.

Ephraim Thompson, aged sixty (60) years of a healthy and strong constitution, had an attack of rubeola when eight (8) years of age; while convalescing, had paralysis of motor nerves

of both arms; sensation was unimpaired. This continued for six (6) months, when he gradually regained use of right arm; the left arm, at the same time, falling out of its place, (as he says, "because the measles went into his joint.") Never had any pain or disease of the joint previously or since. Motion was perfect when the arm was lifted by another person. The left arm is one and one-half (1½) inches longer than the right, measuring from the tip of the acromion to the styloid process of the radius, although the right arm hangs lower, as that shoulder is greatly depressed from excess of use of that arm. The head of the bone has passed inward, downward, and slightly forward, can be seen and felt in that position, as atrophy of the muscles of the joint and arm is extreme, and can be readily rotated. The forearm is much better developed, as he can use his hand, and steady an axe while chopping wood with the right. The brachial plexus of nerves do not appear to be interfered with. It is evidently a case of spontaneous dislocation produced by a paralytic condition of the capsular muscles, a rare form of dislocation, according to authorities.

The above facts relative to the early history, I feel sure are correct in the main.

I. Frazer Boughter,
Act'g Ass't Surgeon U. S. A.

Fort Dakota, D. T., Feb. 25, 1868.

News and Miscellany.

MEDICAL COLLEGE COMMENCEMENTS.

New York College of Dentistry.

The annual commencement of this college took place on the 20th of March, in the large hall of the Cooper Institute. An audience of over two thousand persons were present, and Dodworth's orchestral band enlivened the intermissions. Professor Kingsley, the Dean of the Faculty, read the report, from which it appeared that sixty students had attended the course of this young institution, which embraces, besides lectures on chemistry, anatomy, physiology, work in the laboratory and dissecting room, a complete training in practical dentistry, by the aid of the college infirmary, where during the past year nearly two thousand teeth had been filled, and more than two hundred sets manufactured by the students under the supervision of the Clinical Board of Instruction and the Consulting Board to the Infirmary, which boards consist of over thirty of the most prominent dentists in New York. The report stated that the Faculty of the College had placed the standard of requirements to obtain the degree of Doctor of Dental Surgery by the New York Dental College very high; that the graduates had been submitted to a very rigid examination by the faculty, and also by the Clinical Board of Instruction, and could not pass when not giving perfect satisfaction to both boards; that consequently, several had been refused, and have to continue their studies, and only nine have been promoted. Their names are,

New York—Henry F. Blakeney, William Carr, Henry Dodin, Francis M. Odell, Sandford C. Barnum.

England—W. P. Ballard.

Michigan—James Parsons.

Massachusetts—J. Albert Kimbal.

South Carolina—W. C. Wardlaw, M. D.

The Faculty has also resolved under no circumstance to confer any degree but on students of the College, and only on those who faithfully attend the prescribed course, and fully come up to the requirements of rigid examination; as it is the intention to raise the status of the dental profession, and not to increase the number of inferior practitioners, as is unfortunately the case with some medical colleges.

The President, Prof. Eleazer Parmly, M. D., F. C. D., made some appropriate remarks, and was followed by Professor E. J. Dunning and R. J. Hitchcock, D. D., who both dilated upon the great public benefits to be derived from dentistry, and from the development and progress of this branch of the surgical science and art, and proved the beneficial influence of its advancement on the well-being of the human race.

We copy the names of the Faculty from the Second Annual Report.

W. H. Dwinelle, M. D., Prof. of Dental Histology.

E. J. Dunning, Prof. of Operative Dentistry.

N. M. Kingsley, Prof. of Dental Art and Mechanism.

J. Smith Dodge, Jr., M. D., D. D. S., Prof. of Dental Pathology and Therapeutics.

F. D. Weisse, M. D., Prof. of Descriptive and Comparative Anatomy.

R. K. Browne, M. D. Prof. of Physiology and Microscopic Anatomy.

P. H. Vander Weyde, M. D., Prof. of Chemistry and Metallurgy.

—— The Congrés Général des Pharmaciens de France et de l'Etranger was held in Paris in July last, and was attended by over a thousand dele-

gates from all parts of the world, Among the Vice-Presidents was Dr. Jenkins, of Louisville, Ky., who was subsequently elected foreign correspondent to the Société de prévoyance des Pharmaciens de la Seine.

Sixty Years of Insanity!

A sad tale of insanity and suffering is going the rounds of the papers; one that it would hardly have been expected could have happened in Massachusetts, a State with so many excellent hospitals for the insane. We make the record with great reluctance. Happily, the poor sufferer has recently been released. The case was that of Josiah Spaulding, "the maniac pauper of Buckland."

Mr. Spaulding was the only son of the late Rev. Josiah Spaulding, pastor of the Congregational Church in Buckland, who died in 1820. He was graduated at Yale College in 1778. The father was an accurate scholar, an acute reasoner, and an able writer: but, lacking the graces of elocution, his discourses were marred by a monotonous and disagreeable delivery. His personal integrity, goodness of heart, and eminent piety were doubted by none. His fervor and fidelity in pastoral duty won the respect and love of all classes. The pious temper with which he bore his great trial for eleven of the last years of his life, and the uncomplaining spirit with which he provided, out of his scanty income, for the support of his unfortunate son, excited the admiration of his friends, and of all who became acquainted with his case.

Josiah was his only son. It was his father's chief desire that his son should be educated to be a minister of the gospel. With a feeble constitution, and a mind of only ordinary capacity, the young man studied beyond his strength in fitting for college, being compelled also to engage in school keeping, to supplement his father's narrow means. Just as he was nearly ready for college, being 21 years of age, he became violently and hopelessly deranged. The first public outbreak of insanity was at church on Sunday, while his father was at prayer, when he suddenly threw the psalm-book at his mother's head.

For nearly two years he was not confined, until his father's life had been repeatedly endangered by his violence, when he was restrained with chains for a couple of years, and then was placed in a strong cage in the garret of the house, from whence he never came forth while he lived. No clothing could be kept on him; but in severe weather he would allow himself to be covered with a blanket, which lasted only till his propensity for destruction became stronger than his fear of the cold. His cage was not high enough for him to stand erect, and he remained constantly in a sitting posture, leaning back against the timber when he slept. His limbs could not be straightened, his hair was never trimmed, and for cleanliness he received only the attention given to a poorly kept animal.

In fact he had lost all appearance of a human being, nearly lost his faculty of speech, and for many years before his death became wholly demented. For some years before the death of his parents, their poverty compelled them to throw their only son upon the town for support as a pauper, in a place where rigid penuriousness toward the poor was the law of public opinion. Thus lived for sixty years, and thus died, one of the "chronic insane poor." We find no record in the medical journals of so long a period of insanity. The longest period noted by French writers, and that in hospital, is fifty-six years.

Such is the inglorious history of one who was a son and brother and neighbor—a scholar, a gentleman, and a Christian, until struck with that terrible sickness of the mind, which three score years back was so ill understood as to be generally incurable. He died at the age of eighty-one. No official or legal investigation of his case, or his class of cases, has ever been made by the Government, but he was left in this pitiable, but unpitied state, in the midst of a highly enlightened and Christian people, to howl and shriek and groan, and suffer the unutterable horrors of mental madness for sixty years.

Guarana.

This substance is the resinous exudation of the *Paullinia Sorbilis*, a tree indigenous in Uruguay in South America. In the shape of powders, it is lauded as exerting a prompt and satisfactory power over nervous headaches and other neuralgic pains. It is said to be difficult to obtain it pure, as even much of the imported is adulterated with other resins.

Beer versus Bread.

The amount of nutriment contained in beer is generally greatly over-estimated. Liebig asserts that in 1,460 quarts of the best Bavarian beer, there is exactly the nourishment of an ordinary two-and-a-half pound loaf of bread. This beer is about on a par with our best American beer. Instead of being a condensation of the nutriment contained in the grain, in just so far as the liquid has undergone fermentation, the nourishment has disappeared.

The Nursing of Children with the Milk of Animals in the South of France.

Dr. Dereins has sent us a pamphlet in which he shows that the custom of French mothers to send their children into the country to hired nurses, is most destructive of life. He proposes to erect in a healthy country district, near Paris, an "oasis for infants," where the latter shall be carefully attended to, and fed by the milk of cows and other animals kept exclusively for the purpose. The author maintains that the plan can be carried out in two ways, either by public charitable subscription or by shares. It remains to be seen how his countrymen will respond to his benevolent views. The mortality of infants confided to country nurses has been shown to be frightful.—*London Lancet.*

Saponin.

This substance is found in common soap-wort, horse-chestnuts, quillaja bark, corn-cockle, Senega-root, pimpernel, and the roots of pinks. It seems to be widely diffused throughout the vegetable kingdom, and is easily extracted from plants by means of boiling alcohol. Its name is derived from the saponaceous qualities of its solution in water. An infusion of soap-wort is sometimes used for cleansing the finer kinds of wool. Saponin is a nearly white, friable powder, of sweetish taste, and producing a scratching sensation in the throat. Its dust causes violent sneezing. A drop of its solution applied to the eye excites burning pain and dilates the pupil. Eugene Pelikan, Director of the Civil Medical Department of Russia, lately sent to the Academy of Sciences, Paris, a note on the local paralysis produced by saponin and analogous substances. The result of his experiments may be briefly summed up as follows:

1. The local paralysis produced by saponin is followed by a rigidity of the muscles and paralysis of the nerves of sensation.

2. This local paralyzing action resembles somewhat that of substances acting on the pupil like atropin, etc.

3. Saponin, now employed in medicine, is probably destined to perform another part than that at present attributed to it, and for this reason it should be submitted to new clinical experiments.

4. Saponin does not cause either contractions of the muscles or other parts to which it is applied, yet it annuls completely the irritability of the muscles, provided the animal submitted to its action is in the normal state of health.

——The twenty-fifth annual commencement of Rush Medical College took place in Chicago on the 5th ult., and one hundred and twenty-six candidates received the degree of M. D., being the largest class, it is said, that ever left a western medical school. The valedictory address was delivered by Professor R. L. Rea, and that to the graduating class by President Blaney.

—— At the annual commencement of the Buffalo Medical College, on the 25th ult., the degree of M. D. was conferred upon forty candidates. The charge to the class was delivered by Dr. J. F. Miner, and the valedictory address by Dr. Matthew Willoughby, member of the graduating class.

ARMY AND NAVY NEWS.

The Medical Service of the Navy of the United States.

Those desirous of entering the service of the United States as Medical Officers of the Navy, must make formal application to the Secretary of the Navy, for the privilege of appearing before a Board of Examiners. In this application the age at last birth-day must be stated, and the residence of the applicant, giving Post-Office, County, and State. Testimonials of moral and physical qualifications should also be forwarded. Any further information will be cheerfully furnished on application to the Secretary of the Navy.

Rank and Compensation.

Fleet Surgeons—(*Captain.*)	$3,300
Surgeons: *On duty at sea.* (First 5 years, *Lt. Commander*, after first 5 years. *Commander*, and after 15 years *Captain*,) for first five years,	2,200
After which $200 is added for each five years of service to 20 years, when it is	3,000
On other duty. Two hundred dollars less than when on duty at sea; for each period of five years service,	2,000 to 2,800
On leave, or waiting orders. Four hundred to five hundred dollars less than the last, for each period of five years service,	1,600 to 2,300
Passed Assistant Surgeons:—(*Lieutenants,*) on duty at sea,	1,500
On other duty,	1,400
On leave, or waiting orders,	1,100
Assistant Surgeons:—(*Masters*) on duty at sea,	1,250
On other duty,	1,050
On leave, or waiting orders,	800

In addition to the above compensation, medical officers are allowed 33⅓ per cent on their annual pay.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

Cross—Dodge.—By Rev, E. J. Goodspeed. March 23, at the residence of the bride's father, John R. Cross, Esq., and Miss Mary L. Dodge, daughter of Lewis Dodge, M.D., all of Chicago.

Dawkins—Williams.—March 24th, in Chester City, Pa., by the Rev. H. E. Gilroy, Dr. Richard C. Dawkins, of La Grange, Ky., and Miss Lizzie B., daughter of Chas. Williams, Esq., of the above city.

Strouse—Conger.—By Rev. J. W. Hamilton, March 12, at the residence of the bride, Simon S. Strouse, M.D., and Mrs. Ann Conger, both of Washington co., Pa.

Tate—Brown.—In Middletown, Pa., March 19th, by the Rev. Henry L, Rex, Col. Joseph W. Tate, of Bedford, Pa., and Miss Rebecca I. Brown, daughter of Dr. Mercer Brown, of Middletown.

DIED.

Browne.—At Sing Sing, N. Y., March 21, Kate, wife of Wm. Faulkner Browne, Surgeon U. S. A., and daughter of B. O'Connor.

Childs.—The Hon. H. H. Childs, M.D., of Pittsfield, Mass., President of the Berkshire Medical College, and formerly Lieutenant-Governor of Massachusetts, died in Boston, on Sunday, March 22d, aged 84.

Gray.—In this city, March 22d, William H. Gray, M.D., aged 31 years.

Kellogg—In New York, March 25th, Louisa H., wife of Dr. E. M. Kellogg, of that city, and daughter of A. T. Chur, formerly of Philadelphia.

Kinsley.—At Yonkers, N. Y., March 26, Dr. Hudson Kinsley, in the 73d year of his age.

Macneven.—In New York, March 26th, Jane M. Macneven, widow of the late Dr. Wm. J. Macneven, in the 86th year of her age.

Quin.—At Morrisania, N. Y., March 28, James M. Quin, M. D., in his 62d year.

Quinlan.—In Chicago, March 11, in the 36th year of her age, Jane Cuyler Shepard, wife of Dr. John D. Quinlan.

Simpson.—March 14th, Miss Louisa Simpson, daughter of Dr. John Simpson, of Shippensburg, Pa.

Smedley.—At North-East, Pa., Jan. 26th, 1868, James Smedley, M. D., aged 78 years.

Wood.—In New York, March 25, Dr. Isaac Wood, in his 75th year, son of the late Samuel Wood.

Young.—In New York, March 17th, Dr. Frank N. H. Young, of Danbury, Conn., aged 36 years.

ANSWERS TO CORRESPONDENTS.

Mr. J. C., Jr., of Ct.—You had better apply to the deans of the respective faculties for catalogues of the medical colleges. We do not undertake to say "what city has the best college advantages."

Dr. J. B, of O.—"What would you suggest in a case of granulated lids, aside from cauterizing with nitrate of silver, and using internally pills composed of ext. nuc. vom., quin., and Vallett's mass?" If these have failed, poultice or foment the eyes for a day or two, and try sulphate of copper in crystals, or ℈j. to ʒj. of cerat. simp. If the granulations are large, the scissors should be used, and if there is any sign of a venereal taint, this may cause the obstinacy.

METEOROLOGY.

March,	16,	17,	18,	19,	20,	21,	22.
Wind	N. E.	S. W.	N. W.	N. E.	N. E.	N. E.	N. W.
Weather	Cl'dy.	Clear. Sh'r. t. & l.	Clear.	Clear.	Cl'dy. white Frost.	Cl'dy. Snow.	Clear.
Depth Rain		4-10					
Thermometer.							
Minimum	40°	41°	45°	27°	24°	22°	19°
At 8, A. M.	47	47	55	35	34	32	29
At 12, M.	59	74	57	45	41	34	38
At 3, P. M.	57	75	59	47	41	35	41
Mean	50.75	59.25	54.	38.50	35.	30.75	31.75
Barometer.							
At 12, M.	30.1	30.	30.2	30.4	30.2	29.4	30.

Germantown, Pa. B. J. Leedom.

PHILADELPHIA

SUMMER SCHOOL OF MEDICINE.

ROBERT BOLLING, M.D.
JAMES H. HUTCHINSON, M.D.
H. LENOX HODGE, M.D.
EDWARD A. SMITH, M.D.
D. MURRAY CHESTON, M.D.
HORACE WILLIAMS, M.D.
GEORGE C. HARLAN, M.D.

The Fourth Session of the Philadelphia Summer School of Medicine will begin March 1st, 1868, and will continue until October.

Clinical Instruction will be given from the first of March to the first of October.

Lectures and Examinations will take place daily during April, May, June, and September.

EXAMINATIONS.

Anatomy, Chemistry, Physiology,
Surgery, Materia Medica, Obstetrics,
Practice of Medicine.

OPERATIVE AND MINOR SURGERY—Lectures, and Demonstrations of Bandaging and Dressing of Fractures upon the Manikin and of Surgical Anatomy and Operations upon the Cadaver, by H. Lenox Hodge, M.D.

PERCUSSION AND AUSCULTATION IN DISEASES OF THE LUNGS AND HEART.—Lectures and Clinical Examination of Patients, by James H. Hutchinson, M. D.

MICROSCOPE.—The structure of the Microscope, and the manner of using it, will be explained, and the microscopical appearance of the tissues and fluids in health and disease will be exhibited by Horace Williams, M.D.

URINARY DEPOSITS AND TESTS.—Students will be instructed in the microscopical and chemical examination of the Urine, and will be enabled to make themselves familiar with the necessary manipulations, by James H. Hutchinson, M. D.

MATERIA MEDICA.—Lectures by Robert Bolling, M. D.

DISEASES OF THE EYE.—Lectures upon the Anatomy, Physiology, and Diseases of the Eye, by George C. Harlan, M. D.

DISSECTIONS AND SURGICAL OPERATIONS may be practised by the members of the class.

THE SOCIETY OF THE MEDICAL INSTITUTE meets once every month.

CLINICAL INSTRUCTION.

Pennsylvania Hospital.—The advantage of attending the Lectures, Operations, and Clinical Examinations at this important hospital will be secured without charge.

Episcopal Hospital.—Drs. Hutchinson and Smith will take the class through its well-arranged wards, so that by the bedside disease may be accurately studied.

Children's Hospital.—Much of a physician's practice being among children, it is essential that their various disorders should be seen by the student. Drs. Hodge, Hutchinson, and Cheston will, during the session, have charge of the numerous out-door and in-door patients of this establishment, and will offer every facility to the class.

Dispensary for Diseases of the Heart and Lungs will be conducted by Dr. Hutchinson in connection with his lectures.

FEE FOR THE WHOLE COURSE, FIFTY DOLLARS.

OR ANY PART MAY BE TAKEN SEPARATELY.

OFFICE STUDENTS will be received by Drs. Bolling Hutchinson, and Hodge, for the whole or part of a three years' course of study. They will be admitted to the Summer School and to the Winter Examinations, and Clinical Instruction will be provided for them at the Pennsylvania, Philadelphia, Episcopal, and Children's Hospitals. They will be given special instruction in the Microscope, Practical Anatomy, Percussion and Auscultation, Practical Obstetrics, Bandaging, and Operative Surgery. They will be enabled to examine persons with diseases of the heart and lungs, to attend women in confinement, and to make microscopical and chemical examinations of the urine.

WINTER COURSE OF EXAMINATIONS will begin with the Lectures at the University of Pennsylvania, in October, and will continue till the close of the session.

Candidates for Admission to the Army and Navy, and those desiring promotion to a higher grade, may obtain private instruction.

Fee for Office Students (one year), $100.
Fee for one Course of Examinations, $30.

Class Rooms, No. 920 Chestnut Street.
Anatomical and Surgical House, College Avenue.
Apply to H. LENOX HODGE, M.D.,
N. W. corner Ninth and Walnut Streets,
574— Philadelphia.

THE

MEDICAL AND SURGICAL REPORTER.

No. 580.] PHILADELPHIA, APRIL 11, 1868. [Vol. XVIII.—No. 15.

Original Department.

Communications.

PILLS OF THE SULPHATE OF QUINIA.

Read before the Medical Society of Harford Co., Md., Feb. 11, 1868.

By W. Stump Forwood, M.D.

The sulphate of quinia is a medicinal agent which medical men could not well dispense with. It is a remedy which approaches the character of a specific more nearly, perhaps, than any medicine known to the profession. Yet it is said there is no good without an attendant evil. In the words of the poet;

"Where the Lord erects a House of Prayer
The Devil builds a Chapel there."

I refer to the administration of the salt. It has the most enduringly disagreeable taste of any medicine with which we are acquainted, as I can attest from very considerable personal experience.

It is therefore a matter of prime importance with physicians, to exhibit this remedy in the most palatable form. And, at the same time, as we have all learned from observation, it is worthy of our consideration to know how to present our medicines in the smallest possible bulk. Homœopathy has taught us a valuable lesson on this point.

It is generally conceded that the most eligible method for the administration of quinia, in the case of adults at least, is in the pilular form. And as country practitioners are obliged to compound their own prescriptions, I have thought that a few remarks upon the preparation of quinine pills might be profitable to them.

Several years ago I conceived the idea that in the composition of pills of sulphate of quinia, the bulk might be greatly lessened by dissolving the salt with the aromatic sulphuric acid. I delayed making the experiment, however, until the appearance of the second edition of Parrish's valuable work on Practical Pharmacy, eight or nine years ago. In that work I found that Mr. Parrish had adopted the method which I had in view; by which means he was able to put five grains of quinia into a pill but very little larger than many pills in common use, and no larger than the two-grain pills of quinia made in the ordinary way.

This is his formula:

"℞.	Quiniæ sulphatis,	℈j.
	Acid sulph. aromat.,	♏xij.

"Drop the acid upon the sulphate upon a slab or tile, and triturate with a spatula until it thickens and assumes a pilular consistence, then divide into four pills."

Mr. Parrish adds, that persons not accustomed to making quinine pills by this process, sometimes allow the sulphate to become too dry and unadhesive to mould it into pills. This is from not seizing the proper moment, just as the mass has ceased to be too soft, and before it becomes dry; it is then quite plastic.

He states that a drop or two of syrup or honey should always be at hand, to add at the proper moment to prevent the hardening.

This sudden hardening and crumbling is the great difficulty to be encountered in the formation of these pills. If you lose an instant after the mass becomes of the proper consistence, it is impossible to make a pill by this formula without the addition of a few drops of syrup; and the syrup adds greatly to the bulk. I tried this process repeatedly, and with all the expedition and skill that I could bring to bear, would fail at least every other time, particularly if preparing a mass for several pills.

Being disappointed on one occasion, and curious to see the results after the mass had become hardened and friable, I made another addition of the acid, sufficient to

dissolve the mass; and was delighted to discover that it resumed the pilular consistence which had been lost, and what was more important, it remained in this state long enough to allow the pills to be formed at leisure.

The knowledge of this fact must give great satisfaction to those who make pills by Parrish's formula.

The precise amount of acid used in proportion to the quinia, is not a matter of much importance; for should the quinine be made semi-fluid by the acid, you have only to wait a little longer for the pilular consistence.

These pills are exceedingly soluble in the gastric juices; and it is generally conceded that the addition of aromatic sulphuric acid to quinine adds to the efficiency of the operation of that salt. And we can thus administer full doses of quinine in one or two pills, instead of being obliged to give from three to six, as we have to do when prepared by other methods.

In administering to children who are unable to swallow pills, we may add just sufficient acid to dissolve the quinine; upon hardening, it is readily granulated, and in this form can be mixed with syrup, and taken much more agreeably than either in solution or powder.

A SINGULAR CASE OF MALFORMATION IN THE HUMAN SPECIES.

By L. Corey, M. D.,

Of Warren, Huntington Co., Indiana.

January 16th, 1868. I was called to see Mrs J. W. H., æt. 34 years, who is the mother of eight healthy well formed living children. She was in her ninth labor, which progressed rapidly to a speedy termination, the result of which was the giving birth to two children, one of which was still-born, the other made several attempts at respiration. From every appearance she had arrived at full term; the head, chest, and upper extremities of each being natural and well developed, including the spinal column and trunk, as far as the twelfth dorsal vertebra. The lumbar vertebra were less than natural and very imperfect. The pelvis was one-third less than ordinary, but natural in appearance.

What was most remarkable, the pelvis and lower extremities were reversed in their position, the sacrum being anterior, the pubis posterior. In front and on either side of the spine opposite the fifth lumbar vertebra of each child was a small teat resembling that of the female swine, three-fourths of an inch in length, and of corresponding thickness.

The lower extremities were natural in formation and development, but changed in position, the great trochanter seeming to occupy the acetabulum, bringing the inside of the leg out, and the great toes on the outer sides of the feet, the heels anterior and toes posterior, making the feet to project directly backward.

The bodies were well covered with integument, except a small portion of the abdomen of one, including the umbilicus, which was membranous, and gave way during labor, allowing the liver and a portion of the small intestines to protrude. The contents of the thoracic and abdominal cavities appeared to be well formed and natural. There was no external appearance of genital organs, and the pelvic contents were not examined. In appearance and development, they were alike in every particular. They were not weighed for want of scales, but would have weighed at least six pounds each.

Mrs. H., has always enjoyed good health, and states that during her last pregnancy her health had been very good; she also states that she has been free from any unusual mental impressions, and thinks that it could not have been possible (admitting such a possibility) that any mental impression could have been the cause of the malformation in her children.

Average Duration of Life in Italy.

The director of the Italian Life Assurance Society, M. W. Rey, has just published some interesting statistics showing the average duration of life in Italy, as compared with that in other countries, from which it appears that the mortality of Italians is exceptionally great. He shows that in Italy, 22½ per cent. of the infant population die yearly, and that, even in the healthiest districts, the average duration of life is 33.43 years only, while in France it is 38.33, at Geneva, 42.02, and in England, 39.31. The number of births, too, is relatively much smaller in Italy than in England and France.

INSTRUMENTAL DIAGNOSIS.

By Philip S. Wales, M. D.,

Surgeon, U. S. Navy.

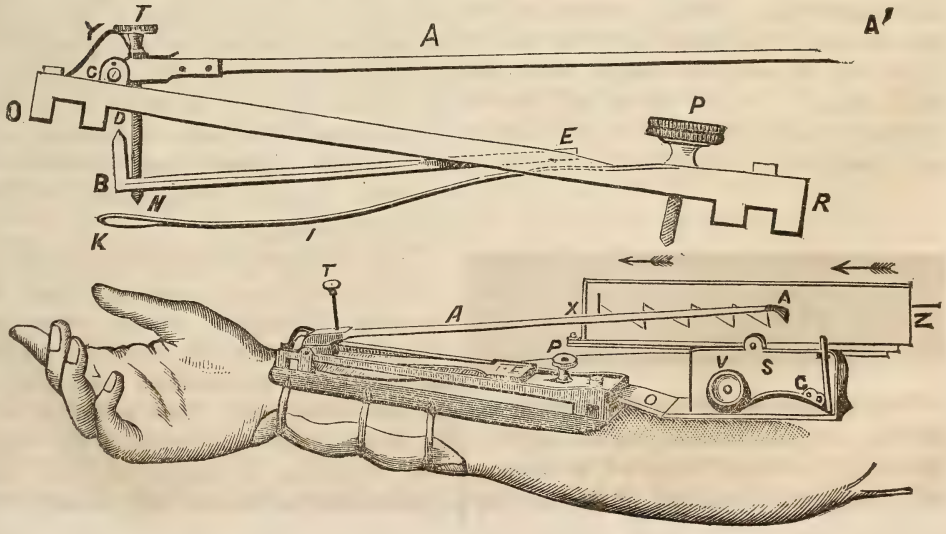
(Continued from page 296.)

A metallic plate, (*R O*,) furnished with moveable lateral wings, forms the frame of the instrument, and is in the shape of a section of a hollow cylinder, the concavity of which may be altered at pleasure to fit it accurately to the fore-arm. At the sides of this frame there are six hooks, three upon a side, which enable the instrument to be fastened to the part securely by means of a cord passing around them alternately from side to side. The end of a steel spring (*I*) is attached to the back part of the plate, and projects forward to the position of the artery, being brought perpendicularly in contact with it by a little ivory plate interposed between them. The motion of the artery is transferred from this steel spring to the tracing lever, by a metallic stem (*B D*) bent upon itself placed between them, connected by its long arm (*B E*) to the spring and touching the lever near its centre of motion, which is at the anterior edge of the metallic frame, by the distal end of its short arm; the relation of these three parts to each other and to the artery are regulated by two milled-headed screws, *T and P*. The tracing lever carries at its distal end a pen which marks upon a paper, supported upon the oblong plate *X N*, the tracings; the paper is moved its whole length every ten seconds, as the writing goes on, by the watch work *S*, which is wound up by a button key *V*, and started or stopped at will by a regulator placed at the side of the instrument.

With the instrument now described the minutest variation in the sequence of the arterial pulses, or even differences in individual beats may be made known and presented to the eye at once in diagrammatic sketches. In estimating the diagnostic value of these the observer has only to discover by experiment the various sorts of pulse-forms accompanying physiological and different pathological conditions of the arteries as shown in the diagrams. The variations in the movements of the blood in the vessels, may also be imitated in elastic tubes and the various pulse-forms, characteristic of these variations in the human subject, accurately ascertained.

Before considering morbid pulse—forms, it will be necessary to speak of those which are physiological, in order to enable the observer to appreciate what is, and what is not morbid. It is not to be imagined that there is one certain form of trace characteristic of the physiological pulse of all persons, or even of the same individual at various times; for the

Fig. 1.



action of the heart within normal limits is constantly varying, and thereby exercising an influence over the pulse-form by altering the arterial tension.

This variation of arterial tension, which is the agency in producing the difference in the pulse-form, is however due, according to Dr. Marey, in a great measure, to other causes which may be arranged in two principal groups. In the first, are those causes which facilitate the passage of the blood through the capillaries, thereby inducing a *low arterial tension;* in the second, those which obstruct its course in the capillaries giving rise to a *high tension.* The physical condition culminating in these variations of tension are, according to these views, 1st, either mechanical, as the alteration of the position of the subject, and by compressing the arteries so as to arrest the free flow of the blood through them; 2d, or by causing the contraction or relaxation of the smaller vessels so as to obstruct the blood in its course to the veins. Every cause which contracts them, as for instance, the application of cold will result in an *elevation* of the arterial tension; every cause which relaxes them, as warmth will *lower* the tension. It follows from all this, that the principal conditions for alterations of tension are induced by causes acting upon the periphery of the animal body.

The pulse-forms corresponding with these two states of arterial tension, are well marked and characteristic. With a low tension the first element of the pulsation, or the *line of ascent,* will be steep and ample, while the third element or *line of descent,* will present the form of undulations. This pulse-form is well shown in the following trace: Fig. 2.

Fig. 2.

With a strong tension the characters of the tracings will present a strong contrast with the preceding; the line of ascent will be less long and abrupt, while the line of descent will move off obliquely in a straight line, i. e., free from dicrotism, as is shown in Fig. 3.

Fig. 3.

The above two traces show that the frequency of the heart's action is also affected according as the tension is greater or less; being more frequent with less tension and the reverse.

As might have been expected, after the most casual examination, the respiration exercises, when it is forced, an important modification in the pulse-form and consequently in the tracings thereof; the line of ascent corresponds with expiration, and that of descent with inspiration.

What reciprocal correspondence and connection have these traces with the action of the heart and arteries? In order that these may be known, the mechanism of the circulation should be understood. The motion of the blood in the arteries takes its origin in a primal heart-wave originating in ventricular contraction and propagated to the first portion of the aorta by the rushing of blood into that vessel, distending it to a certain extent, limited by its own elasticity. As soon as the ventricular contraction has ended, the aorta recoils upon itself in virtue of its elasticity, and in doing this, a portion of blood is thrown into the pouches behind the semilular valves, which are immediately closed, and the balance of its force is expended in drving on the blood into the remote distribution of the arteries, by the alternate expansion and contraction of successive portions of the arterial walls in quickly following waves.

These two forces, *systolic acceleration* and *increased arterial tension,* now mentioned, are transmitted through the arterial system, and acting simultaneously and conjointly, produce the pulsations in the aorta and great vessel, at the root of the neck. Passing further on in the divisions and subdivisions of the vessels, these forces are no longer coincident, and separate more and more as they proceed.

With a low tension the systolic acceleration reaches the wrist, and manifests its action upon the pulse by the rapid distension of the radial artery symchronous with the ventricular systole, and by its equally speedy collapse. The influence of the *acceleration* on the pulse-form is shown in Fig. 2, and is characterized by the abrupt elevation of the tracing lever.

In the condition of high arterial tension, the acceleration is lost in the great vessels and does not reach the radial artery, which then yields only to the systolic pressure-wave, the expansion of the vessel taking place gradually, and succeeding the ventricular contraction in an appreciable and definite interval of time, and gives rise to the wavy pulse-form shown in Fig. 3.

Pulse-traces taken at a time when ventricular contraction and natural tension are active and physiological, present a number of continuous curves, each representing a complete cardiac revolution. Each curve consists of three parts—a *line* of *acsent*, a *summit*, and a *line* of *descent*, which require individual notice, inasmuch as they are the factors which varying in character as to form, length, regularity and height, furnish the indication, in their different combinations, of the state of the circulation in health and disease.

The line of ascent is produced by the systolic contraction of the ventricle, which propagates an instantaneous pressure-wave from the heart to the artery upon which the sphygmograph is placed. This line varies in height, according to the facility with which the pressure-wave overcomes the arterial tension—being greater, if this is easily effected, and less under reverse circumstances. The position of the line as to verticality is determined by the rapidity of the efflux of blood into the arteries; the greater this is, the more quickly will arterial tension be established and nearer will the line approach a vertical position. When the entry of the blood is languid the line is described in an oblique direction and sometimes in a curved one.

The first change in the direction of the tracing lever forms the summit of the curve. It corresponds to that period when the blood is passing into the artery and thence onward, or when the *afflux* and *efflux* mutually balance each other. According as this period is longer or shorter, the summit will present either a point or a line of some length; in the latter case if the afflux predominates, instead of a horizontal line, we should have one with an upward slope, and under reverse circumstances one with a downward slope.

The line of descent presents a greatly waved form with three deviations from a rectilinear course, reckoning the apex of the curve as the first. The second wave represents an expansile movement in the arterial walls, and marks the termination of the systolic portion of one cardiac revolution. The notch following the second wave answers to the period of closure of the semilunar valves. The third wave succeeding the aortic notch is caused by a renewal of the action of the arterial walls. After describing the third wave, the tracing bar falls until it reaches the point which marks the period of *minimum* arterial pressure. In the normal condition of the circulation a straight line should just touch the apices of the successive curves, which indicate the points of *maximum* tension, and run parallel with a similar line connecting their bases, which are the points of *minimum* tension.

In certain cardiac diseases and in febrile derangements, the second wave is effaced, the aortic notch deepens, and the third wave is somewhat exaggerated, thus a two-waved line of descent is formed and the pulse-form is said to be *dicrotic*. Dicrotism varies in degree with the nature and intensity of the febrile disease; if the bottom of the aortic notch reaches half way to the base-line of the curve, the pulse is designated *subdicrotous*, if the notch touches the base-line, *full dicrotism* is established; and in exceedingly bad cases of fever the notch extends below this line giving a *hyperdicrotic* pulse-form.

Besides the changes in form that the line of descent undergoes in febrile and serious inflammatory affections, the summit of the curve also alters in shape, and instead of presenting the angularity seen in Fig. 2, becomes rounded or square pointed. This alteration in form is of bad augury, and should put us on guard that some bad complication is impending

or that the disease tends to a fatal termination.

The line of ascent, as it enables us to judge of the ventricular force, especially in these cases of low arterial tension, affords useful information. When this line is of good altitude, we can infer that the patient has a vigorous heart, and is in a favorable condition to resist the impression of the disease. On the other hand, feebleness of the heart will be shown by lines of less height, and when combined with the alteration of the apices of the curves above mentioned, are of especial bad import.

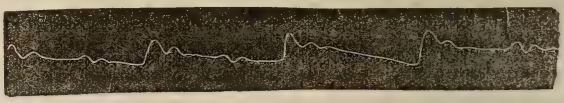
Another peculiarity of the pulse-trace which indicates mischief, and shows the heart to be acting irregularly, is the want of *uniformity of size* in the successive pulse-curves. Of no better augury is that trace characterized by a deviation in direction of its pulse-curves, which are constantly rising and falling unequally above and below the normal lines of *maximum* and *minimum* tension.

There are many other important pulse-forms which it is essential for the physician to be acquainted with in employing the sphygmograph, but it is foreign to the object of the present paper to even attempt to describe the pulse-traces connected with all the most prominent classes of pathological conditions, much less those of individual disease, which are as yet *sub judice*, and require many years of patient labor to develope them to that extent to be available to the physician in prognosis and diagnosis. As marked examples of the diagnostic value of sphygmography, we may introduce a few diseases in which the traces are quite well established and characteristic. As might have been expected, the circulatory apparatus presents these examples.

The pulse-forms of valvular disease will vary very much, according to the nature of the alteration and its situation. These morbid conditions are rarely single, but are associated in various degrees of complexity, and the pulse-forms must necessarily be also complex in their forms; these may, however, be analyzed into their simple forms, and these forms connected with special anatomical changes.

In mitral regurgitation the pulse is always markedly small, irregular, and of unequal force, in consequence of the blood being forced, in the cardiac systole, back into the auricle, thereby destroying the influence of the primal wave upon the elasticity of the aorta and its subdivisions. The pulse-trace is here characteristic, as shown in Fig. 4, being remarkably *dicrotic*.

Fig. 4.



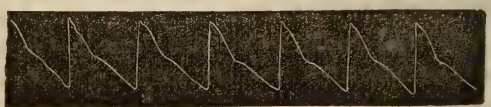
If in connection with mitral insufficiency, there exist narrowing of the auriculo-ventricular orifice, the ventricle will not have time to fill itself between two systoles, and as a result of this, the primal wave thrown into the aorta will be very small, but the pulse-trace will not present the same amount of irregularity as the one above, which is characteristic of pure mitral insufficiency.

In organic disease of the semilular valves of the aorta, the pulse-traces are equally distinct. Obstruction or narrowing of the aortic orifice, will require a longer time for the ventricle to empty itself of its charge of blood into the aorta, and will therefore give rise to a more prolonged and considerable expansion of that vessel which will be indicated by the obliquity of the line of ascent, as shown in Fig. 5. *Dicrotism* is rarely present in this condition.

Fig. 5.

Aortic regurgitation from insufficiency of the semilunar valves is attended with feeble arterial tension; the pulse possesses the character of communicating a shock to the fingers. The characteristic pulse-form attending this condition is shown in Fig. 6. The line of

Fig. 6.



ascent is nearly or quite vertical and ample;

the summit is reduced to an angle, and the *line of descent* is waved.

The combination of the two preceding conditions, obstruction and insufficiency, will be accompanied by a corresponding combination of their pulse-forms as seen in Fig 7. The

Fig. 7.

line of ascent presents the abrupt course and hooked termination of aortic insufficiency, while the very obtuse line of descent indicates prolonged aortic dilation.

The study of the pulse-form as modified by aneurism, is very interesting and exceedingly important to the surgeon, as the pulse-traces may often enable him to decide the diagnosis of a case in which, without the aid of the sphygmograph, all would be involved in the greatest obscurity and doubt. In the *Lancet*, Jan. 20, 1866, is recorded a case of aneurism of the subsclavian artery, which was made out with certainty by this instrument, when it was impossible to detect it in any other manner.

The pulse on the diseased side of an aneurismal patient, is found to beat feebly, which is due, according to Dr. Marey, to the elasticity of the walls of the aneurism. The characteristic markings in such a case are shown in Figs. 8 and 9.

Fig. 8.

Sound side.

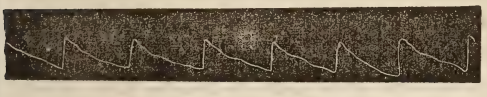


Fig. 9.

Side of the Aneurism.

The last trace shows the modification of the pulse in form and force when the examination is made upon the artery below the seat of the aneurism. The first and third elements of the pulse-troca run into each other in almost a straight line.

In aneurism of the aorta, the force of the pulse will be but slightly decreased, and the pulse-traces will not be so marked as in the preceding case. There will be, however, difference in the pulse-traces of the two radial arteries, either in dicrotism or form.

Arterial change other than aneurism may be detected with the same certainty. In old age, the elasticity of the arterial tissues is impaired; the heart beats with greater energy, and with the increased dilatation of the arteries, there will be produced a trace of great length, a vertical and sometimes broken line of ascent, a rounded summit and a line of descent free from dicrotism, and often presenting a sudden fall in its first part.

In other classes of disease, investigations into the sphygmical character of the pulses which accompany them, are being pushed forward with commendable zeal; and from the present promise, we may confidently rely upon the future for a rich harvest from this interesting and prolific field of research.

A GLANCE AT THE BRITISH ISLANDS, FRANCE, AND AMERICA,

Ethnological, Climatic, and General, etc.

By Edwin R. Maxson, M.D.,

Author of Practice of Medicine, etc.

Of Philadelphia.

Having made a tour through Scotland, England, Wales, Ireland, and France, for *medical* observation, and as a delegate to the International Medical Congress in Paris; and also to attend the British Medical Association in Dublin; visiting the hospitals of Greenock, Glasgow, Edinburgh, London, Paris, Liverpool, and Dublin; seeing in the aggregate many thousand patients, it is quite natural that my *professional observations* should have occupied, more especially, my earnest attention.

As, however, landing at Glasgow, going to the highlands up Loch Lomond as far as the Falls of Inversneid; and from Glasgow to Edinburgh; and from thence east, through the "Garden of Scotland," to the North Sea; and then south to and through the east of England, near four hundred miles, to London, going to Windsor, Sydenham, etc., and from London through the south-west of England, and the north-west of France, by Dieppe, and

Rouen, through Normandy to Paris, going to St. Cloud, Versailles, etc., and attending the Great Exposition; and from Paris through the north-east of France and south-east of England, by Boulogne and Falkestone, back to London, from thence through the west of England to Liverpool; and from Liverpool through Wales to Holyhead, and by the Irish Sea to Kingston, and thence by rail to Dublin, where I attended the British Medical Association; and from Dublin, finally, by rail, near two hundred miles, through to the north of Ireland, by Londonderry to Movile, where I took ship for America, I could not do less than make a general observation of the country, towns and people on my way.

It is, then, only my general observations of the *country*, including Scotland, England, Wales, Ireland, and France; of their *chief towns*, including Glasgow, Edinburgh, London, Liverpool, Holyhead, Dublin and Paris; and of the *people*, including the Scotch, English, Welsh, Irish and French, that I propose to speak, and in the order in which I have named them; purposely avoiding all minutia of detail; but striving to give such information, *ethnological, climatic, and general*, as may be of interest, and closing with a general glance at America, Americans, etc.

Scotland and the Scotch.

Scotland, lying between the Atlantic Ocean and the North Sea, nearly north of England and Wales, and to the north-east of Ireland; being some three hundred miles in extent north and south, and from one to two hundred east and west; has many small rivers and bays, being also surrounded by numerous islands, some of which are to the west of the mainland in the Atlantic, while others are in the North Sea, to the north-east, producing a variety of sea coast surpassingly romantic, and grand in the extreme.

The *general face of the country*, though rough in many places, is by no means repulsive, presenting a variety, from the beautiful level fertile region, called the "Garden of Scotland," to the rugged highlands, covered with heather, their lofty peaks, in some instances, being lost in the clouds, presenting all the grandeur that such lofty mountains, interspersed with beautiful lakes can afford to the human eye; and especially, being associated as they are, with the wild romantic history of more than twenty centuries of the past.

The *highlands* of the west and north-west of the island, are but slightly productive, especially the higher portions, producing little more than the heather, and a variety of grass, which serve as food for the small highland sheep, that sport amidst these luxuries to them, upon their native hills; appearing in the distance, like small white specks on the mountain sides, and knowing well the voice of their shepherd, as he ascends from his neat, but often rude cottage, in the vale beneath. One of those cottages was pointed out to me by a lady, in which, her grandmother lived and died, having never been a mile from the place of her birth. It was near Loch Lomond, and in sight of Ben Lomond's lofty peak, where even a sage philosopher might consistently thus have lived and died, if there is such a place, anywhere.

The south and south-east portions of the country being quite level, have a more productive or fertile soil; producing wheat, oats, barley, peas, beans, and good meadow and pasture; being a fine agricultural region; having large herds of cattle, sheep, and other domestic animals. The *farm-houses* are generally of stone, with slate roofs. The *fences* are mostly hedge, and the *forests* consist of, or are interspersed with, the beautiful Scotch pine, the tree so much admired as an ornament for yards in our own country; flourishing in great luxuriance and beauty, in its native soil; giving even the woods, a bright and lovely appearance, and affording the wild songsters, a temple of rare beauty, in which to sound their notes of praise, to the common Parent of all.

Scotland, then, including all its parts, of high and low lands; with its romantic "sea-girt shores," is a rich, beautiful, and grandly romantic country, with a great variety of scenery, soil, and productions; being capable of supporting as it really does, a dense population; the *variety* of its natural scenery, by far surpassing that of any country with which

I am acquainted, considering its limited extent, and its *atmosphere*, though somewhat damp, is delightful; the unevenness of its surface interrupting or lessening very much the prevalence of heavy winds; and while its summers are cool, its winters are rendered quite mild, by its oceanic surroundings.

Chief Towns.

The principal cities of Scotland that I shall mention, are Glasgow and Edinburgh, as best calculated to illustrate the character of Scotch towns.

Glasgow is situated in the west of Scotland, on the River Clyde, at the point where it becomes navigable; being surrounded by the Campsie and Kilpatric hills, on the north, north-east and north-west; and occupying an elevation well calculated for the site of a large commercial city.

It is a manufacturing town, having a population of nearly five hundred thousand, 446, 839, in 1867; and being quite ancient, it is somewhat irregularly laid out, especially the older parts. The streets are also, in some places crooked, and rather narrow. The newer portions, however, are fine; the streets and parks presenting an air of grandeur; the houses being constructed of fine stone, with slate roofs; embracing Blythswood Square, Woodside Place and Crescent, West End Park region, etc.

Glasgow has some ancient structures of great interest, architectural and historical; among which, perhaps, the most prominent, are the Cathedral of the twelfth century, and the University of Glasgow, several hundred years old, about to be removed to the vicinity of West End Park. And besides, it has many modern buildings of great beauty, as the Post Office, Royal Exchange, etc., as well as statuary, parks, bridges, and fountains, of more or less beauty. The city has two Medical Universities, the Royal Infirmary, containing four or five hundred patients, an extensive Eye Infirmary, a Dispensary for Diseases of the Skin; and various other minor institutions, of a kindred character, where the infirm poor are abundantly provided for, all of which are well managed.

The inhabitants of this, which is the largest, and one of the oldest cities of Scotland, are mainly Scotch, with a few Irish, and a sprinkling of other nationalities. Its *climate* is temperate, but on account of the surrounding hills the atmosphere is rather humid, and consequently, not very highly electric, predisposing the inhabitants, more or less, to ophthalmia, cutaneous, scrofulous, and tuberculous affections, etc., especially in its most crowded parts, as I noticed. Hence, also, the prevalence of typhus fever here, at times. Glasgow is probably as healthy, however, as most cities of its size, anywhere; *paludal* diseases, being scarcely, if at all, known there.

Edinburgh, situated in the eastern part of Scotland, near the Firth of Forth, on the North Sea, is a romantic old town, having a population of over two hundred thousand, 201,748 in 1866, including Leith. It consists of the old and new portions; the former of which has for its centre Castle Hill, being 383 feet high. The other eminences, consisting of Arthur's Seat and Salisbury's Crags, are in the distance, a little out of the city, and near Holyrood Palace, presenting a most wildly grand and romantic appearance. All these, together with the various monuments, the roughness of the old, and grandeur of the new parts of the city, with its fine brownstone houses with slate roofs, may be regarded as constituting the "modern Athens," in many respects, as it has been styled.

Aside from the elevations already named, the site, though somewhat broken, is by no means an unpleasant one; consisting of two ridges divided by a ravine, allowing a quiet passage for the North British Railway, at the foot of Castle Hill, between the old and new portions of the town; the Firth of Forth appearing in the distance, to the north-east.

The principal objects of interest in this grand old city of the Scottish kings, are the Barracks on Castle Hill, wherein Queen Mary gave birth to James the First, in whom were united the Crowns of Scotland and England; the Palace of Holyrood, from whence the unfortunate Queen was taken, imprisoned, and finally compelled to abdicate in favor of her infant son; John Knox's House, with a

projection in front, from which the great reformer so effectually preached to the passers by, never failing to reprove and exhort to repentance and reform all ranks, the high as well as the low; and the University of Edinburgh, which, springing up in the early history of Scottish civilization, has become, as it were, "the light of the world," in everything pertaining to law, medicine, divinity, and the arts, with its library of one hundred and thirty-three thousand printed books.

And besides, Edinburgh has a Botanical Garden, with a Palm-House one hundred feet high; the Antiquarian Gallery; the National Gallery; the Museum of Science and Art; and the Anatomical Museum of Sir Charles Bell; all of which contain a variety of objects in their several departments, of surpassing interest, enough to occupy an active mind for a long time in the examination.

Finally, Edinburgh has the Royal Infirmary, accommodating several hundred patients; Chalmer's Hospital, of less dimensions; and various others that I need not mention, affording abundant accommodations for the infirm poor of this grand old city. Its position, on the Sea, with comparatively level surroundings for many miles, except the elevations named, may account for the fact that less scrofulous, cutaneous, and ophthalmic affections are found here than in Glasgow, as appeared to me. And though Edinburgh, from its situation, is more or less subject to high winds, and has a slightly humid atmosphere, in common with other British towns; giving disease there a typhous tendency; *paludal* diseases are almost entirely unknown there, as in Glasgow.

But I must pass on from a consideration of the country and its towns, to the inhabitants.

The Scotch People.

Descendants, as they are, of the ancient Celts, or wild men inhabiting the coverts in the forests of the British Islands and the west of Europe, as the very name implies; with a mixture of Roman, Danish, Saxon, and Norman blood, in a limited and variable degree; emerging from a state of semi-barbarism amidst the beauties and "handy work" of nature constituting their native wilds, grand, romantic, and sublime in the extreme; we find, as might be expected, a hardy, noble, virtuous, manly, industrious, God-fearing people in the Scotch. In short, a noble specimen of humanity, for whom the human race may well be thankful.

In fact, it is my opinion, that the Scotch, as a people, have more qualities that it would be a virtue to imitate, than any other; while, on the other hand, they have fewer of the vices. I must be pardoned for speaking thus plainly on this subject, as I am only uttering convictions that have been forced upon me. Their present state of civilization has been arrived at, however, after the reign, in darkness, as it were, of nearly a hundred kings, from a period long anterior to the Christian era; the people, in passing from a state of semi-barbarism to their present exalted position in the scale of civilization, having passed through, as is customary during such a transition, many scenes of confusion, bloodshed, and carnage, at which even humanity revolts.

In conclusion, then, I would remark, that the superiority of the Scotch character, as a whole, may be, and doubtless is owing to the circumstances already enumerated, together with others, such as advantage of position and climate, the mingling of races, etc., all of which have more to do in forming even the physical, intellectual, and moral character of a people than may generally be supposed.

[To be continued.]

Mustard Paper.

M. Rigollot, a Paris pharmacien, has, under the name of *papier sinapisé*, contrived an elegant preparation which embraces all the advantages of the mustard cataplasm without incurring the risk of its inefficiency owing to the loss of power in the flour of mustard. He has done this by extracting the fixed oil, while retain the rubefacient principle. A piece of the paper of the required size is put in water for a few seconds and placed wet on the part, whereon it is bound with a handkerchief. It does not cost more than the ordinary mustard plaster, and is always ready and promptly efficacious.

Medical Societies.

THE IOWA STATE MEDICAL SOCIETY.

Synopsis of the Proceedings for 1868.

The eighteenth annual meeting convened in the Good Templars Hall in the city of Des Moines at 10, A. M., February 5th, 1868.

The President, Dr. William Watson, in the chair. Prayer by the Rev. H. S. De Forest.

The following named members and delegates present:

Dr. Wm. Watson of Dubuque; Drs. E. Whinnery, and J. C. Blackburn of Fort Madison; Drs. J. W. H. Baker, and W. F. Peck of Davenport; Drs. Philip Harvey, W. W. Nassau, and G. R. Henrie of Burlington; Drs. J. Williamson, and S. B. Thrall of Ottumwa; Drs. J. C. Hughes, A. M. Carpenter, and H. T. Cleaver, of Keokuk; Drs. Wm. Vogt, and J. C. Schrader, of Iowa city; Dr. S. H. Sawyers, of Unionville; Dr. Wm. Gutch, of Blakesburg; Dr. Wm. Corners, of Tama city; and Drs D. V. Cole, J. O. Skinner, and A. G Field, of Des Moines.

Dr. H. L. Whitman, in behalf of Polk County Medical Society, welcomed the members from abroad in a brief and appropriate address.

The minutes of the last annual meeting were read and approved.

Dr. J. Williamson, Chairman of the Board of Censors, reported favorably upon the application of the following named gentlemen for memberships, all of whom were duly elected:

Dr. H. L. Whitman,	Dr. D. E. Beadle.
" L. M. Tidreck,	" D. Hutchinson,
" S. B. Cherry,	" W. H. Ward,
" C. H. Rawson,	" Edward Clapham,
" Samuel Whitten,	" J. W. Gustim,
" W. H. Gibbon,	" H. Heed,
" D. W. Stewart,	" J. D. Miles.

On motion, the society adjourned to meet at 2, P. M.

Afternoon Session.

The meeting was called to order by Vice-President Dr. Edward Whinnery, and the President, as per previous notice, proceeded to deliver his annual address. It was devoted chiefly to an exposition of certain crimes and evils, in the community with which medical men become most familiar, and to the inadequacy of existing laws for their abatement, and urging the necessity for more stringent legislative enactments for the prevention of criminal abortion, seduction, quack swindling, etc.

The committee appointed at the last annual meeting to present in detail such subjects as they deem of importance for legislative action, presented articles of incorporation for the "Iowa State Medical Society," which, after some amendments and alterations, were adopted, and ordered to be recorded, and also to be presented to the General Assembly for endorsement, and coöperation in the promotion of the objects of the organization.

The committee on nominations was, upon motion, appointed, consisting of one member from each county represented.

On motion, the society adjourned to meet at 9, A. M., to-morrow morning.

Second Day, *Morning Session.*

The Society met as per adjournment. The President in the chair.

The committee on nominations offered the following report, for officers for the ensuing year.

"For President, Dr. Philip Harvey, of Burlington.

For Vice-President, Dr. J. W. H. Baker, of Davenport.

For Recording Secretary, Dr. A. G. Field, of Des Moines.

For Corresponding-Secretary, Dr. J. Williamson of Ottumwa.

For Treasurer, Dr. M. B. Cockran, of Davenport.

For Censors, Drs. H. L. Whitman, of Des Moines; Wm. Gutch, of Blakesburg; Wm. Vogt, of Iowa city; S. B. Thrall of Ottumwa, and Dr. G. R. Henrie, of Burlington."

(Signed) H. T. Cleaver, *Chairman.*

The report was received, and the above named candidates unanimously elected.

The following named members were elected as delegates to the meeting of the American Medical Association, in 1868: Drs. J. C. Stone, Wm. Watson, A. G. Field, W. F. Peck, Dr. Steele, S. C. Shrader, Wm. Cornes, Dr. Hutchinson, S. B. Thrall, J. C. Hughes.

Dr. Edward Whinnery, chairman of committee on Criminal Abortion, read an elaborate report, which was received and referred to the committee on publications, and the following named members were appointed to draft a more stringent law on the subject: Dr. E. Whinnery, chairman, Wm. Watson, H. T. Cleaver, H. L. Whitman.

Various reports of standing committees were presented.

The Secretary announced that the members of Polk County Medical Society proposed to entertain the members of the State Society at the Des

Moines House this evening, and tickets were distributed to all present.

Dr. J. Williamson offered the following resolution, which, upon motion, was unanimously adopted by the society.

Resolved, That the system of medical college instruction as agreed upon in convention in Cincinnati, May 3d, 1867, and recommended to the medical colleges throughout the country, meets our hearty approval, and we earnestly desire to see the same adopted in every medical college in the United States.

Also the following:

Whereas a member of this society is engaged in selling a patented instrument known as "Babcock's Uterine Supporter," in violation of the code of ethics of this society, and derogatory to professional character, therefore,

Resolved, That this society express its disapproval and condemnation of such conduct.

Resolutions were unanimously adopted, censuring members for advertising in the newspapers.

Dr. J. C. Hughes remarked that he thought the action of the society hasty, and moved to reconsider for the purpose of discussion, which was seconded. The vote was taken amidst confusion, and the President decided that the resolution should be reconsidered, but as the hour fixed for adjournment had arrived, the discussion was necessarily postponed.

Upon motion, a committee was appointed to decide upon a design for a seal for the society, and to procure the same before the next annual meeting, the committee consisting of Drs. A. G. Field, A. M. Carpenter and Wm. Watson.

On motion the Society adjourned to meet in the city of Des Moines on the second Wednesday in May, 1869.

Editorial Department.

Periscope.

Nervous Irritability.

Dr. E. A. Kunkler, in the *Pacific Medical and Surgical Journal*, thus sums up the causes of this distressing condition.

Nervous irritability is brought on—

1st. When, by a deranged state of the liver, matter in a state of fermentation is brought into the duodenum, disturbing the intestinal digestion, and causing irritating substances to form, and to pass for a long time through the intestinal canal.

2d. When there is chronic inflammation, or ulceration of the mucous membrane of the stomach, from over-feeding, or from an abnormal state of the blood and a perverted gastric juice.

3d. When gravelly matter of any kind passes often through the urinary passages; when stones are forming in the bladder; or when the kidneys are partially obstructed, causing a retention of urea in the blood, which, by fermentation, is changed into ammonia.

4th. When parasites, worms, or hydatids, are in any part of the body.

5th. When the uterus or the ovaries are irritated, by any cause.

6th. When there is plethora, or some derangement, or affection of the heart, by which an excess of arterial blood is given to the nerve-centres.

7th. When, by some injury to the head, or by some disease of the eyes, of the ears, or of some cranial bone, the brain, or its membranes, are irritated.

8th. When there is some tumor, wound, ulceration, tubercules, or persistent irritation, by any agency, in any part of the system.

9th. When, by celibacy, an habitual unnatural accumulation of semen in the genital organs takes place; the spermatozoa, probably by their motion, agitating the brain.

10th. When, by excessive venereal indulgence, or by self-abuse, the brain is kept for a long time in an excited state.

11th. When habitually, alcoholic drinks, stimulants, tobacco, or other narcotics, are too freely used.

12th. When by grief, love, anxiety, religious exaltation, or political excitement, the brain is for a long time over-stimulated.

13th. When, in mental labor, reasonable limits are overstepped.

14th. When, habitually, light literature is read, calculated to excite the brain.

New Uses of Iodide of Potassium.

Some useful suggestions in the treatment of two obstinate and frequent maladies are made by Dr. A. de Beaufort, in the *Bulletin de Thèrapeutique* for January 30, 1868.

He reflected that iodide of potassium is freely eliminated in the tears and in the uterine mucus. For this reason he tried it in full doses in cases of chronic inflammation of the lachrymal tube, and also in chronic metritis. His success was most decided. He says: "In cases of internal metritis, with abundant leucorrhœa, and all that train of circumstances which renders so many

women miserable, I have often seen, when all other means have failed, prompt and marked amelioration, and in some cases, a positive cure, result from the free use of the iodide of potassium."

Treatment of Herpes Zoster.

Dr. Jos. Konrad, in the *Wiener Medizinische Presse*, March 1, 1868, advises painting the parts twice or thrice a day with collodion, and administering an opiate at night. By this simple means he completely cured fifteen cases—all he treated—in four to six days.

Microscopical Examination of Damaged and Valuable Papers.

Dr. E. H. Parker, of Poughkeepsie, in the New York Medical Society, made the following remarks on the use of the microscope in detecting alterations in valuable papers. The remarks were based upon two very interesting cases of forgery, to which the doctor had been called as an expert.

The first was one in which it was an alleged promissory note, signed by a blind man who had deceased. The gentleman in question had become blind by cataract, but was nevertheless in the habit of signing all important papers. The body of this note was written by a different hand, in blue ink, and the name in black ink. The question came up as to whether the body of the said note was written before that of the signature or not.

The paper folded end to end across the middle. Prints of black ink were transferred from the black signature, and were found on the opposite side. In several places the blue and black ink of the dots were in conjunction. It was impossible to tell which was put on last, till a place was found where the bottom of a letter *y* and tip of a letter *h* came together over a dot, and showed the blue ink on top.

The same paper read, "*one day* after my death I promise to pay," etc. It showed clearly under the microscope that it had been written "one *year*," an erasure having been made, and *day* written in.

The other paper was an alleged receipt for $2,000, paid on May 11th. That amount had been paid May 1st, and this alleged payment was denied to have been made. Examination by microscope showed that the first figure 1 of the date was in *brown*-black ink, while the second and the rest of the paper were in *blue*-black ink. Transfer had been made of the *brown*-black ink to the other end of the paper by folding, showing that it was put on last. The two shades of black show only under the microscope; to the naked eye they are alike.

Dr. Squibb, in this connection, referred to the following case: A number of U. S. bonds were stolen some time since from a party, and their payment stopped. For a long period nothing could be discovered in relation to them. Finally, however, two bonds with the same numbers were found in Wall street, and it occurred to the parties concerned that one of these must be of the lot that had been stolen. The difficulty was to decide which was the genuine, and it was cleared up by a microscopical examination of the ruled lines upon which the figures were written in red ink. The magnifying glass showed the tracings of the old figures underneath the new, the red ink of the former having been previously removed by a chemical process.—*Buff. Med. and Surg. Jour.*

Insect Powder in the Tropics.

A celebrated German traveller, F. Jagor, in his *Sketches of Travels in Singapore, Malacca, Java* (Berlin, 1866), gives the following account of the services of the Persian insect powder, Pyrethrum roseum, in these tropical countries:

"Insects are by no means as troublesome in the Indies as in Southern Europe. There are no fleas, and the native pediculi do not affect Europeans, a very remarkable phenomenon, especially on the Philippian Islands, where the native inhabitants are much more cleanly than the Spaniards. For, while the former use the bath daily, and carefully dress their luxuriant hair, and the latter are neglectful of both, the Tagals, especially the women, have the scalp frequently infested by vermin, which is rarely the case with Spaniards.

"A specific against all noxious insects, including the troublesome mosquitos, and those which attack collections, is the Caucasian insect-powder. A tincture prepared by macerating one part of the *Pyrethrum roseum* in four parts of dilute alcohol, and when diluted with ten times its bulk of water, applied to any part of the body, gives perfect security against all vermin. I often passed the night in my boat on the ill-reputed rivers of Siam without any cover, even without the netting, and experienced not the slightest inconvenience; the 'buzzing,' at other times so great a disturber of sleep, becomes a harmless tune, and in the feeling of security a real cradle song. In the chase, moistening the beard and hands protects the hunter against flies for at least twelve hours, even in spite of the largely increased transpiration due to the climate. Especially interesting is its action on that plague of all tropical countries the countless ants. Before the windows, and surrounding the whole house where I lived at Albay, on Luzon, was fas-

tened a board six inches in width, on which long caravans of ants were constantly moving in all directions, making it appear an almost uniformly black surface. A track of the powder several inches in width, strewed across the board, or some tincture sprinkled over it, proved an insurmountable barrier to these processions. The first who halted before it were pushed on by the crowds behind them, but immediately on passing over showed symptoms of narcosis, and died in a minute or two, and within a short time the rest left the house altogether.

"A disease very largely distributed over the Phillippine Islands, scabies, is immediately removed by an application of the tincture; the itching ceases at once. It is remarkable that as yet no substance has been extracted from these flowers to which these effects can be ascribed."—*Druggists' Circular.*

A Cheap Clinical Thermometer.

Dr. John Parsons, of Mt. Pleasant, Kansas, says, in the *Leavenworth Med. Herald*, in order to place the advantages of the clinical thermometer within the reach of all physicians, I recommend the following twenty-five cent thermometer:

"Take from its card a twenty-five cent thermometer, lay upon the card a slip of French note paper, and with a fine pointed pen mark and number the degrees from 80° to 120°, cut the new scale into a slip one-eighth inch wide or less; replace the *thermometer* upon the card, and paste the slip upon *it* to correspond with the scale upon the card, the edge extending from half across the front around the side.

"The instrument may be used by placing the bulb under the tongue, or it may be carefully introduced into any cavity.

"These thermometers can be procured at any drug store, and can be prepared for use in a few moments. They are very delicate and must be carried with care."

Reviews and Book Notices.

Eighth Annual Report of the Commissioners of Public Charities and Correction, New York, for the year 1867. Albany, 1868. 1 vol. 8 vo., pp. 494.

This Board has under its supervision the prisons, asylums, hospitals and nurseries of New York, which are wholly or in great part maintained by the public. It gives us a forcible idea of the fearful amount of crime and misery existing in that great metropolis, to learn that the number of persons who were subsisted last year in these several institutions numbered 90,815, more than half of whom are reported as in the City Prisons.

What a limitless field for humanitarian endeavor! Other facts not less suggestive are added. For instance, this: "There are 30,000 children in this city growing up in ignorance and idleness. They have no occupation but to beg, and learn no art but to steal. At the age of fifteen the girls are all prostitutes, and the boys professed thieves." No doubt there are a hundred thousand people in New York City who start forth every morning intending to gain their daily bread by crime;—and at night go to bed satisfied. Much is done, but how much more remains to be done!

Of the Morgue or Receptacle for the unknown dead, inaugurated a year or two since, it is said: "The experience of the past year has demonstrated its necessity and value." We remember that at the time some question was raised about the propriety of introducing this Parisian establishment, which question may now be considered set at rest.

In the different reports, that of the committee on diet of the children's nurseries on Randall's Island, the chairman of which is Dr. Austin Flint, Jr., merits particular attention for the judicious remark on alimentation it contains.

Among the many excellent suggestions in the Report, there is one of doubtful propriety. It is that syphilitic patients should be treated with less consideration than others. Speaking of Charity Hospital, it says, "it is to be deprecated that so noble a building, the most conspicuous object in the harbor of New York, should be regarded as the shelter of a scandalous disease." We fail to see the force of this objection. Experience has not taught that men or women can be reformed by indignities or contemptuous usage. The suggestion is singularly in contrast to the recommendations of a celebrated Professor in Vienna, which we shall translate shortly for our readers.

Exhalation of Prussic Acid by a Vegetable.

The fruit of a plant, of very common occurrence in the neighborhood of Caraccas (Venezuela) along the Catuche river, which supplies that city with its potable water, the *Ximenio Americana* L., by the natives called *manzana de guayava*, guayava-apple, or *manzano del diablo*, exhales in its undeveloped state a penetrating odor of bitter almonds when it is cut open or grated. It is described by Jacquin in *Sel. Stirp. Amer. Hist.* (1763) p. 107.

Medical and Surgical Reporter.

PHILADELPHIA, APRIL 11, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

WANTED.

☞ The following numbers of the Medical and Surgical Reporter *are very much needed at our office. For* all *of them we will credit* one dollar *on subscription, or ten cents a copy for less than the whole.* Those of our subscribers who do not care to preserve their files, will confer a great favor by returning these numbers. They are:

Nos. 559. 560, 561, 562, 563, 564, 565, and 566—or from Nov. 16, 1867, to Jan. 4, 1868, *both dates included.*

THE MILITARY POSITION OF THE MEDICAL STAFF.

In the time of Henry the Fowler—that is in the tenth century of our era—such a thing as military surgeons was unknown. If a man was wounded, he died or got well as God willed, and luck permitted. Not till that great commander, Gustavus Adolphus, reorganized the military schools of Europe were leeches or chirurgeons attached to bodies of troops. At first they held no rank, and were regarded in about the light most of us looked at a "horse doctor" in the late war.

It was no increase of respect for learning that changed this, nor any soft-hearted philanthropy, but it was because the greatest soldiers found that in direct proportion to the efficiency of the medical staff increased the efficiency of the line. Therefore, Frederick the Great, Napoleon, and the Duke of Wellington, gave great attention to selecting thoroughly competent medical officers, and remunerated them in accordance with their worth, not only with money, but with rank.

The United States, not behind the rest of the world in most things, have been markedly backward here. While the English army has long had a considerable number of medical officers above the rank of colonel; until the present war, major was the highest dignity to which a United States medical officer could aspire. And the case is not much better yet.

But the most manifest injustice to the real welfare of the service is seen in our navy. It is well-known that numerous vacancies exist in the medical corps there, which are not at all likely to be filled, solely because both the rank and the pay are absurdly disproportioned to the qualifications demanded of applicants. No attempt has been made by Congress to remedy this. Five additional grades have been created for other branches of the navy since the outbreak of the rebellion, not one of which is open to naval surgeons. They are hard worked; they are held to a strict accountability; on the manner in which they discharge their duties, depend the health, and consequently the efficiency of the crew; they are underpaid; and they are without *de facto* rank. With this prospect, what able young physician will choose the navy?

Very wisely therefore, with the good of the service at heart, and not merely their own aggrandizement, the naval medical officers have organized, for the purpose of obtaining from Congress increased rank. It is singular that any should be found to oppose their wishes. But jealousy and narrowmindedness are everywhere alert.

Various objections have been urged. The only one worth refuting, is that at times a conflict of authority may occur on board ship. But the experience of other nations, and of the army, proves this to be groundless. In the army, a regimental surgeon with the *de facto* rank of major has no authority over the regiment, even if every other officer above the rank of lieutenant were absent. Not till *every other commissioned officer* is gone, can he assume to give orders on matters not pertaining to his own staff department. The medical director of an army corps with the actual rank of colonel, can neither give a direct order to a subaltern member of the medical staff (except by courtesy,) nor to any of the enlisted men of the regiments in the corps. Yet his rank is real, and it is necessary to his efficiency. There is never a conflict between the staff and the line when both strictly conform to regulations. The higher military science is developed, the more liberally is the staff rewarded, and it is discreditable to us, that in our country, an exception exists. It shows either that a petty, mean-spirited jealousy exists in the line, or that Congress is not aware of the vitally important services which the staff-corps have rendered. They are to the line, indeed, what the head is to the

hands. They think, and plan, and have the care of what the latter executes.

It is manifest injustice to overlook their claims. We should not be so blinded by military glory, as to imagine that to the great fighter is due all the laurels. Had it not been that there were ardent students of hygiene, skilful surgeons, and accomplished physicians, all devoting themselves to the problem of selecting and maintaining in highest physical perfection the men he commanded, the victory would never have been won. These services are real, valuable, and essential, and they deserve to be properly recognized and rewarded.

A LAW WANTED.

When so many legislators are at work hammering out laws and governing our country at such a wonderful rate, that the most industrious attorney finds it next to impossible to keep pace with the statutes, it is a matter of surprise that some flagrant crimes are allowed under the very noses of the authorities, and are deliberately winked at—at any rate studiously disregarded. Physicians and divines, and the better element of the public press have been crying aloud in the streets about one or two important matters these last few years, asking for some measures to restrain growing evils, but the wise heads, who by the unsophisticated popular mind are supposed to be profoundly considering the welfare of the nation in the various State capitals, have paid no more attention to them than of yore their predecessors did to the voice of wisdom.

One of these matters is the publishing and distribution of immoral books and papers. We venture to say there is not a single nation on the continent of Europe, in which so many vile emanations appear from the press as in the United States. In the most dissolute cities of the Old World, the morality of the printing-house is higher than in our boasted land of morality.

The portion of this mass of corruption which we particularly have in view, and which it particularly concerns the medical profession to put down, is that contained in works pretending to be on popular medicine. There are literally hundreds of them, all hinging on the uses and abuses of the genital organs. They are, nearly or quite all, advertisements of infamous quacks.

A number of papers are also published and distributed gratuitously—sown broadcast over the country in fact—full of the most detestable suggestions, and calculated to undermine the whole edifice of public morality. A pile of such villainous stuff is before us. One of them is called "The New York Medical Journal;" another, "The Herald of Health;" a third, "The Voice of Universal Intelligence;" and so on. They all inveigh against "calomel and poisonous drugs," "allopathy," and "old style doctors," and all proclaim the merits of some new system in the exclusive possession of the editor.

Their contents treat principally of two topics; first, how to remedy the effects of self-abuse or excess in venery; and next, how to prevent conception. Disgusting pictures relieve the monotony of the text, supposed to be aids in physiological study! And all of them have numerous testimonials appended, very much like those we quoted from the book on the sexual organs by the man who runs the Turkish Baths and Hygienic Institute in New York, which we noticed some months back.

Various means are promised to all applicants for the prevention of conception, and not only are French safes and all the other inventions for the purpose explained and offered for sale, but pills and other means, less innocent, are boldly offered to the public, to "restore menstrual suppression." Of course, the transparent warning is added, that these must not be used by pregnant women. For instance, such paragraphs as this are placed in prominent places, (we clip it directly from one of the above-mentioned sheets:)

"Special Notice.—Ladies supposing themselves pregnant must not handle or use the preventive, as miscarriage would be liable to follow. While the fœtus would be expelled on natural principles, with no more inconvenience, still it is unlawful to produce an abortion; hence this caution."

Breast elevators, aphrodisiacs of various kinds, love powders, and recipes for various

dirty purposes (avoiding contagion, exciting accessory emotions in coitu, etc., etc., *ad nauseam*,) are also among the wares which this precious set of rogues are advertising so broadly over the land, that half a dozen different sheets are often received by one person.

Now cannot a stop be put to this? Will not every State make it a penal offence to print, or publish, or distribute such pernicious sheets? Will not some of the many medical or philanthropic societies make it their business to ferret out, and prosecute, and punish to the utmost these scoundrels? If this were done, and well done, it would do more good than to send a thousand Bibles a week to the heathen. We are ready to give the names of several of these rascals, and intend to make a list of them, in hope that some day or other we may live to help send them, one and all, to the penitentiary.

THE RELATION OF NATIONAL CHARACTER TO DISEASE.

The Germans—a wonderful folk—have lately started a new science, which they call *Völker psychologie*, or the science of national character. It arises from the imperative demands of modern research for a clear and close analysis of facts. It is ready to explain certain problems whose solutions had never previously been reached. In other words, it has already proved itself to be rightfully entitled to the name of a real science, and not an imaginary one.

Looking over some of the work which it has accomplished, it occurs to us that medical men might with advantage study it closely. There always has been a ready recognition of the influence of the mind on the body in disease, and it has from ancient times been considered wise to take into consideration the mental status, both in diagnosis and treatment. Many attempts have been made to define this influence, none very successful. May the failure not arise in great measure from overlooking the differing psychology of races and generations?

It were not easy to imagine that the dancing mania, the *chorea Germanorum* as it was called, an epidemic hysteria which attacked whole villages in the middle ages, could break out in the United States. The prevalence among certain races of elephantiasis, leprosy, and similar chronic diseases, may perhaps depend as much upon the torpidity of their mental life, as unquestionably the unparalleled prevalence of brain and heart disease in our great cities and mining centres does on the constant intellectual friction we have to undergo.

In comparing the varieties of insanity given in the statistical reports of various countries, curious differences are observed, which can only be explained by the peculiarities of national character. These differences are permanent, and while statisticians like Mr. Buckle would trace them all to a sort of fatalism, this, we know, is not a solution, but a mere abandonment of the problem. It might offer results worth the time to make a careful comparative study of the leading nationalities in this respect.

Notes and Comments.

American Medical Association.

We are glad to learn that the Philadelphia, Wilmington and Baltimore, and Baltimore and Ohio Railways, will furnish tickets to those who go from this city over their roads, to the meeting of the American Medical Association, on the 5th of May, for $6.80, to go and return, the tickets being good from the 4th to the 11th.

We will furnish other information on this subject as it is received.

Death of Dr. Ludwig Turck.

Dr. Turck, so well known for his studies in laryngoscopy, died at Vienna on the 25th of February, of exanthematous typhus. He was born in 1812, and acquired his degree of Doctor of Medicine in 1837. Subsequently he entered in the general hospital, and devoted himself to nervous pathology, and had a ward assigned him of this character of cases. His labors on the minute anatomy of the brain and nervous system, soon made him known to the medical world, both in Germany and other countries.

In 1857, without being aware of the previous methods of Liston, Garcia and others, he invented a method of examining the larynx, and it is to him and to Czermak conjointly, that the honor is due of founding the modern art of laryngoscopy.

Turck in his social life was modest and genial, and never failed to endear himself to his many pupils, not less by his profound learning than by his pleasant manners.

Death by Tight Lacing.

The following notice of a death from this cause is taken from a New York paper. The death occurred suddenly, and an inquest was held.

"It appeared in evidence that Miss Jones is a well-known Sunday-school teacher, and highly respected. On Sunday morning she accompanied several members of the Bank-street Methodist Church, to participate in the dedication of a new chapel in Eleventh street. While returning home the deceased dropped suddenly in the street, without a sigh or a groan, and died in ten minutes after. Dr. Kimball was called in, and pronounced it a case of apoplexy of the lungs, superinduced by unusual tight corset lacing. Dr. Leo found, in making a *post-mortem* examination, that Miss Jones was quite plethoric in habit, and her body being so tightly bound by steel corsets the blood had no chance for proper circulation, and rendered her subject to congestion of the brain, which in time led to apoplexy of the lungs. The jury rendered a verdict in accordance with these facts."

When will people cease to sacrifice life and health on the altar of vanity?

What's the Use of Veterinary Medicine?

Professor Gamgee, of the Albert Veterinary College of London, now on a visit to this country, appeared at the request of several prominent agriculturists before the Agricultural Committee of the House of Representatives, on March 20th, and submitted a statement of the result of an investigation he has been making into the losses of horses and cattle in the service, and the proper means to prevent it. His figures, carefully prepared, showed an annual loss of domestic animals by disease of over $100,000,000. Of this amount he was convinced that $50,000,000 might be saved by proper precautions. His remarks were listened to with much attention, and it is probable that the Commission will procure from him some recommendations for general publication.

Heterademic Tumors.

By this name the distinguished anatomist, Charles Robin, designates those growths of peculiar morbid tissue, which histologically are analogous to glands. It includes cancerous and similar developments. In a recent memoir read to the Société de Biologie, says the January number of the *Archives Générales de Médicine*, M. Ordonez expressed the opinion that the tumors described under this name are of a parasitic nature, supporting his view by their external characters, their microscopical appearance, and their action under certain reagents.

Extraordinary Cows and Calves.

A correspondent of the *American Agriculturist* writes: "J. H. Dickman, of Richmond, Ind, has a cow with triple calves, which are fine, healthy animals, and at last accounts the dam and trio were 'doing well.'"

We are cognizant of a case in which a cow had twin heifer calves. The mother was of a mixed Durham breed, and gave from 20 to 30 quarts of milk a day. The calves were fine, healthy animals, and developed very rapidly. In a few months they got in the habit of sucking each other, and it was soon found that this had actually *stimulated the lacteal glands into the secretion of milk*, and they both gave milk, and one of them was *milked regularly*, long before she had a calf!

Abortion.

At a recent meeting of the Medical Association of Androscoggin county, Maine, Dr. Oaks asserted that according to the best estimate he could make, there were four hundred murders annually committed in that county, produced by abortion.

The following sentences were passed in the Warren County (Pa.) Court last week, on convicted abortionists: Dr. Russell, $50 fine and costs, and two and one-half years' imprisonment in the Western Penitentiary; Hale, five dollars fine and costs, and two years' imprisonment.

Legal Enactments to regulate the Practice of Dentistry.

The following resolution was offered by Dr. Squibb before the Medical Society of the State New York, and adopted:

"*Whereas*, The Dental profession of the State of New York, (now numbering about two thousand practitioners,) are about to petition the Legislature of the State for such legal enactments as will tend to regulate the practice of dental surgery, and to mark some distinction between the meritorious and skilful, and the ignorant pretender; and to give this profession a legal recognition, it is by this, the State Medical Society,

"*Resolved*, That this movement on the part of Dental profession of this State, to procure such

general laws for their protection as now pertain to the Medical profession, meets with our hearty approval, and that we hereby join in the prayer of these petitioners for this purpose."

Correspondence.

DOMESTIC.

The Medical Profession, the Medical Press, and Proprietary Medicines.

Editors of Medical and Surgical Reporter:

The leading editorial in the Reporter for the 14th March, affords me the text, or pretext, to address you this communication. One of the "Answers to Correspondents," probably explains why it was needful to apologize for the appearance in the Reporter of advertisements of proprietary medicines. If it be true that most medical, as well as religious and secular periodicals, depend, at last, on the advertisements they insert for successful publication, it is not easy to see why those who obtain them below the cost necessary to sustain them without advertisements, should complain of their character. It may be set down as true, that if there is any article advertised, the public want it, and will buy and pay for it, when they know where to get it; and if its character don't happen to suit all the patrons of the particular periodical in which they find it, the remedy is their own hands; they can pay more for the periodical, so as to make it self-sustaining, or discontinue it. No one can regret more than your correspondent, the necessity for medical periodicals to offer premiums for subscribers, or publish advertisements of doubtful character, in order to be sustained. Yet such is the fact, and the public is more to blame in the matter than the editors and publishers complained of. Your suggestion for law in the matter is a forlorn hope; for it is the old puritanical idea of regulating the habits of our fellow beings by statuary enactments. The very numerous failures of law to regulate the habits of the people does not seem to deter from fresh experiments in that way. Individuals or classes of our fellowmen, perceiving what they esteem to be errors in public habits, instinctively appeal to some legislative body to obtain law for compulsory reformation. In society, as it exists at present in our own country, the conditions, at least, are requisite to make law effective; one, that there must be a public sentiment to sustain it; the other, officers to enforce it. Without these conditions, laws soon become obsolete.

Patent medicines may be, for the most part' grouped with these classes, viz., for the relief of pain or anodynes—evacuants—and stimulants, according to recognized professional classifications. Others there certainly are, as hair tonics, dyes, coloring, etc., liniments, ointments, dentrifices, etc., but these must be regarded as exceptional. Now, these three great classes fill legitimate indications in the relief of human maladies, and to some extent, fill a legitimate demand or want. They cannot be put down by the profession saying that they are not good, for that would not be always true, for many of them are constructed after strictly scientific formulæ. *The public will continue to use them until they can do better.* Their merits in popular estimation may be stated to be, 1st., the good style in which they are usually put up, thus gratifying the inherent sense of the beautiful; 2d, their agreeable sensible properties, as taste, smell, etc.; 3d, their cheapness; lastly, their frequent success. There was a time when evacuant patent medicines were far more popular than at present, probably owing to the different modes of life of the people in the past and present. The fashion prevailing now is for alcoholic stimulants, whether presented as "family" or Phœnix bitters or "Elixirs of calisaya bark and iron," or any other name, and the preparations for anæsthetic effects, whether "magic oil," "pain killer," or what not.

These are the facts, and they may as well be faced as dodged. It was stated the public would buy patent medicines until they can do better, and this foreshadows the remedy to diminish this sale and commission.

Physicians, or the profession, must qualify themselves better for their duties; and meet the popular demand in the respects stated. There must be certainty in diagnosis, appropriateness, simplicity, and good style in the medicines they prescribe, so that their practice shall partake largely of that reasonable certainty the public have a right to expect at their hands. If patients call at physicians' offices, or send for them, get prescriptions and pay for them, send them to some apothecaries, have them put up, and pay for them there, and then fail to get expected or promised benefits, the faith of such in the profession has been rudely shocked—is it any wonder they try patent medicines?

The faith of the people in the power of physicians and medicines is sublime. Failures with regular physicians, and patent medicines, do not deter them from calling on irregular pretenders.

In a word, the most potent obstacle to the

sale of patent medicines and irregular or quack practitioners of the healing art, is higher qualifications, medical and pharmaceutical, and fidelity to those who seek their services, by the regular profession. They at least should present the public with clean bills of health in regard to illegitimate medicine. Z. C. McElroy, M. D.

Zanesville, O., March 23, 1868.

Proprietary Medicines.

Editors Medical and Surgical Reporter:

I noticed in the last number of your valuable paper, an article upon the subject of proprietary medicines, in which you take quite conservative ground, and evidently have advanced far beyond your cotemporaries. I am glad to see this, as I have been convinced for a long time that such a course is necessary to save the profession, or a large portion of it, from utter starvation. I do not, however, approve of your remedies for the disease for several reasons. In the first place, you suggest that the A. M. Association shall publish a series of formulæ with which you hope to supersede the nostrum in general use. Is there any probability of this plan being more successful than the U. S. Dispensatory, and other kindred books which are full of formulæ, touching every disease known to the profession? I think not. Then I object to such a procedure, because it promises nothing. You propose as the second remedy, the procuring of the passage of a law requiring every man to patent his nostrum, so that the medical fraternity can get his recipe. This plan is objectionable, because it is founded upon *injustice*, and would be virtually an admission on the part of the A. M. Association, that it had not kept pace with individual enterprise, and in order to do so, it was necessary to call on Congress to pass a law legalizing a species of medico-hymanship. Then, whenever a man made a discovery in medicine, and proved it by curing cases beyond the capacity of the members of the A. M. Association, they could call upon him in the true "*deliver or die*" style, for his recipe, and place it in the hands of every *tyro* in the profession, to profit by it to the prejudice of the rightful proprietor. But there is but little probability of the law-making power doing such gross injustice, particularly when it is obvious that the proprietary interest is able to employ the ablest counsel. No, never let it be said that the profession had to resort to such means to contend successfully with quackery.

"Let justice be done, though the heavens fall."

I am confident the evil originates nearer the door of the profession than they are aware of, or would be willing to admit, but nevertheless is of easy demonstration, and if agreeable, I will point it out in a future communication, and give, (in my humble opinion,) the *only remedy*.

John Mageniss, M. R. C. S., London.

Evansville, Indiana, March, 1868.

[We shall be glad to hear the plan proposed by our correspondent to meet this evil, and defer until then our remarks on his views.—Eds.]

Contributions to Toxicology.—Errata.

Editors of the Medical and Surg. Reporter:

In the article, No. 13. *Poisoning by the Use of Untinned Copper Vessels*, (p. 117,) I reported a case of copper-poisoning by the use of extract of tamarind once occurring in my own practice, and also that "Dr. Stiever, of Tarentum, Pa., states that a large family in his practice nearly died by eating a dish prepared in a defectively tinned copper vessel," etc. This should read Dr. Edward Stierer, to whom I of course gladly give the credit of first reporting this case in the German *Staats Zeitung*, from which I obtained the facts, and also the following.

No. 12, (p. 116.) *Adulterated and Poisoned Lard.* In condensing the extensive German report to a few lines, I gave erroneously the credit of the investigation to Dr. McCurdy; however, it appears to have been a case in this gentleman's practice, and he handed the lard to Dr. Stierer to investigate, which Dr. S. did thoroughly.

No. 11. *Malate of Tin and Lead.* The case mentioned under this head as having happened "in Tennessee," should read "near Parnassus," but to the physician who reported the case first I cannot give the credit, as Dr. S., himself, from whose report this notice is also a very condensed extract, does not mention his name at all.

The same I have to state of No. 8, *Paper Collars*, (p. 5.) I wrote, "One of the physicians at a meeting in Tarentum, Alleghany co., Pa., reported recently," etc. As his name was again not reported by Dr. Stierer, I also could not mention it, but will add that Dr. S. published first the results of the chemical examination he made of these collars, which agreed perfectly with my own examination, and for which also I give him gladly the credit, as well as for the publication of the other articles, of which my Nos. 8, 9, 11, and 12, above, are partially very condensed extracts, but not translations.

I trust this will satisfy the claims of Dr. Edward Stierer as to the parentage of the articles in question.

P. H. Vander Weyde, M. D.

New York, March 28, 1868.

News and Miscellany.

The Health of the Pope.

There is probably no European potentate whose health is an object of such various and wide-spread interest as that of the Pope, as there is none whose death would give rise to greater or more sweeping changes in the politico-religious world. His Holiness is well known to suffer from occasional epileptic fits, a disease to which he was subject in his youth, but which he seemed to have thrown off after the development of a varicose ulcer in the leg. The fits have now, however, reappeared; and whether the exciting events of the last few months, or the unusual exertion he has just put forth in giving audiences and in assisting at ceremonies, be the cause, he had a violent attack of his old malady on Friday, the 6th inst. His physician, Dr. Viale Prelà, was instantly in attendance at the Vatican, and His Holiness recovered. Complete abstinence from administration of business and from the more fatiguing occasions of religious ceremonial has been peremptorily enjoined on him by Dr. Viale Prelà as the indispensable condition of his health.—*The Lancet.*

Sad Case of Insanity in a Physician.

Dr. D. S. Peffer, a prominent physician of Abbottstown, Adams county, Pa., has been laboring under mental derangement for some time, but it was not thought necessary to confine him. Last Tuesday night, in a paroxysm of insanity, he made an assault upon Mr. Cole, who was sleeping at his house, and crushed his skull with a heavy wash-bowl, so that he died the next day. The Doctor has been confined in the Adams county jail.

New Embalming Process.

At Bellevue Hospital, on the 3d inst., the body of a woman, embalmed by the process of Prof. Charles A. Seely and Charles I. Eames, was cut open in the presence of Prof. James R. Wood of the Hospital, and a company of distinguished gentlemen. The dissection was conducted by Dr. Delafield. The subject had been embalmed 103 days. It was without smell, and the face presented a naturalness that was startling. It is claimed for this process that it arrests decay at once, and the examination of the body substantiated the fact. No injection is made in the veins, nor cut or incision in the body. It is claimed that the bodies embalmed will last a century. The learned Professor of the Hospital expressed himself astonished at the result, and, in response to the question of Mr. Clark, the agent for the patentees, replied: "I never saw anything like it in my life." The body was cut at every part. The students availed themselves of fingers and toes, and a distinguished chemist carried away a piece of a lung in his vest pocket.

Jerusalem.

An Hospital for Lepers has recently been established in the Holy City, under the auspices of a Prussian nobleman. The objects of the institution are, (1) to provide a home for persons suffering from the early stages of the malady, and, by comfort, regulated diet, and medical care, to seek to arrest its further development; (2) to extend to these unhappy outcasts the benefits of moral and religious instruction; and (3), if circumstances permit, to train the children of lepers and endeavor to prevent their becoming afflicted with the disease. A suitable building has been erected outside the walls of the city, and there are at present six patients, all males. Five of them are suffering from the tuberculated form of elephantiasis; one from the anæsthetic form.—*London Lancet.*

—— Doctors Traill Green, of Easton, and John L. Atlee, of Lancaster, and Daniel W. Gross, of Harrisburg, have been appointed Trustees of the State Lunatic Asylum, by Governor Geary, of this State.

—— Her Majesty has been "graciously pleased" to grant a pension of £200 per annum to the widow of Sir David Brewster, in recognition of his eminent services to science. Very good.

[*Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.*]

MARRIED.

Baxter—Morris,—In Provincetown, Mass., March 25, by Rev. C. S. Macreading, Joseph B. Baxter, M. D., and Miss Susan E. Morris, both of Provincetown.

Caldwell—Hendrickson.—March 31, 1868, by Rev. Dr. Conrad, Dr. J. R. Caldwell, of Johnstown, Pa., and Elena Hendrickson, of Philadelphia, Pa.

Finch—Bowman.—At the residence of the bride's father in Medina, Ohio, on the 25th of March, by Rev. G. S. Davis, Dr. A. D. Finch, of Anna, Ill., and Miss Mary Bowman.

Glasscock—Phares.—Jan. 14, at the residence of the bride's father, by Rev. P. S. Petty, Mr. H. E. Glasscock, of Owensboro', Ky., and Miss Martha L., daughter of Dr. D. L. Phares, of Newtonia, Miss.

Harshberger—Walk.—In Philadelphia, on the 24th of March, by the Rev. E. W. Hutter, D. D., Dr. A. Harshberger and Miss Jennie H. Walk, all of Philadelphia.

Maury—Ingersoll.—At St. James' Church in this city, on Tuesday March 17th, by the Rev. Dr. Morton, Francis Fontaine Maury, M. D., and Catharine Margaret Preston, daughter of Charles Ingersoll, Esq.

Phares—Barfield.—March 5, at the residence of the bride's father, near Clinton, La., by Rev. W. Ballard, J. H. Phares, M. D., of Newtonia Miss., and Miss Emily E. Barfield.

Withrew—Reese.—In Penningtonville, Chester co., Pa., March 12, at the residence of the bride's father, Chas. Reese, Esq., by Rev. Samuel Pancoast, Dr. James L. Withrew and Miss Emasine Reese.

DIED.

Gebler.—In this city, on the 30th ult., Elizabeth, wife of Dr. C. F. Gebler, aged 61 years.

Harriot.—In New York, on Thursday, April 2, Hampton Harriot, M. D.

Lee.—In New York, March 30th, after an illness of eight days, Richard Henry, infant son of Dr. Charles C. and Helen Lee, aged 19 months, 4 days.

Virtue.—In West Lebanon, Pa., March 8th, infant son of Dr. S. W. and Mrs. Sarah J. Virtue, aged three weeks.

ANSWERS TO CORRESPONDENTS.

A Correspondent asks us the following question in ethics: A physician is summoned to a family usually treated by a professional brother during an absence of the latter; he goes, finds the case trifling, prescribes, and leaves, not expecting to return, but is shortly sent for a second time. He makes the visit, and acquaints the family physician with the circumstances of the case. "Now, Sir," asks the writer, "who should visit the case? And does, or not, professional courtesy require that the doctor called in should make the above statements before visiting the case?" If we understand the question rightly, we reply that the physician sent for should visit the case, and that after he is sent for the second time, the family having the choice between him and their previous attendant, he can take the case as his own. Families have a right to choose what physician they please, and it is absurd for medical men to get mad at them or their professional competitors when this right is exercised.

Dr. J. H. S., of Pa.—The case you describe is a puzzling one, and we are at a loss to advise you. In a single woman at her age, hysteria sometimes produces these symptoms; but we rather suspect some organic mischief of the cerebro-spinal system. You might try bromide of potassium in full doses, with cold bathing, and see what effect they would exert.

Dr. W. E. H., of N. Y.—We think that Tieman of New York, could get you the instrument, but cannot tell its cost.

Dr. S. J., of O.—A sphygmograph costs $40.00.

Dr. E. B. H., of N. C.—1. The work on the microscope will be sent you; Beale's is the best. 2. We have not heard that a new edition of Meigs on Diseases of Children is contemplated. 3. There is no medical and surgical case book in the market.

Dr. G. D., of N. J.—Your proposal will be borne in mind, and if an opportunity occurs, we shall let you know.

Dr. W. W. J., of Pa.—"Please give me a good prescription for itch?" For old-fashioned itch nothing is better than *ung. sulphuris* well rubbed in twice a day. Some speak highly of common soft soap used in the same way. For "army itch," we have found excellent results from weak solutions of pearlash, followed by inunction of dilute *ung. hydrarg. nitrat.*

METEOROLOGY.

March,	23,	24,	25,	26,	27,	28,	29.
Wind	N. W.	N. E.	E.	E.	N. E.	N. E.	N. E.
Weather	Clear. Sh'r. t. & l.	Clear.	Cl'dy. Snow.	Cl'dy.	Cl'dy. Rain.	Cl'dy.	Clear.
Depth Rain	2-10		2 10		4-10		
Thermometer.							
Minimum	24°	35°	27°	28°	28°	33°	32°
At 8, A. M.	32	40	33	36	34	44	48
At 12, M.	50	56	37	46	42	53	54
At 3, P. M.	52	57	38	48	43	51	55
Mean	39.50	47.	34.75	39.50	36.75	45.25	47.25
Barometer.							
At 12, M.	29.9	30.	30.3	30.4	30.1	30.	30.4

Germantown, Pa. B. J. Leedom.

PHILADELPHIA

SUMMER SCHOOL OF MEDICINE.

ROBERT BOLLING, M.D.
JAMES H. HUTCHINSON, M.D.
H. LENOX HODGE, M.D.
EDWARD A. SMITH, M.D.
D. MURRAY CHESTON, M.D.
HORACE WILLIAMS, M.D.
GEORGE C. HARLAN, M.D.

The Fourth Session of the Philadelphia Summer School of Medicine will begin March 1st, 1868, and will continue until October.

Clinical Instruction will be given from the first of March to the first of October.

Lectures and Examinations will take place daily during April, May, June, and September.

EXAMINATIONS.

Anatomy, Chemistry, Physiology,
Surgery, Materia Medica, Obstetrics,
Practice of Medicine.

OPERATIVE AND MINOR SURGERY—Lectures, and Demonstrations of Bandaging and Dressing of Fractures upon the Manikin and of Surgical Anatomy and Operations upon the Cadaver, by H. Lenox Hodge, M.D.

PERCUSSION AND AUSCULTATION IN DISEASES OF THE LUNGS AND HEART.—Lectures and Clinical Examination of Patients, by James H. Hutchinson, M. D.

MICROSCOPE.—The structure of the Microscope, and the manner of using it, will be explained, and the microscopical appearance of the tissues and fluids in health and disease will be exhibited by Horace Williams, M.D.

URINARY DEPOSITS AND TESTS.—Students will be instructed in the microscopical and chemical examination of the Urine, and will be enabled to make themselves familiar with the necessary manipulations, by James H. Hutchinson, M. D.

MATERIA MEDICA.—Lectures by Robert Bolling, M. D.

DISEASES OF THE EYE.—Lectures upon the Anatomy, Physiology, and Diseases of the Eye, by George C. Harlan, M. D.

DISSECTIONS AND SURGICAL OPERATIONS may be practised by the members of the class.

THE SOCIETY OF THE MEDICAL INSTITUTE meets once every month.

CLINICAL INSTRUCTION.

Pennsylvania Hospital.—The advantage of attending the Lectures, Operations, and Clinical Examinations at this important hospital will be secured without charge.

Episcopal Hospital.—Drs. Hutchinson and Smith will take the class through its well-arranged wards, so that by the bedside disease may be accurately studied.

Children's Hospital.—Much of a physician's practice being among children, it is essential that their various disorders should be seen by the student. Drs. Hodge, Hutchinson, and Cheston will, during the session, have charge of the numerous out-door and in-door patients of this establishment, and will offer every facility to the class.

Dispensary for Diseases of the Heart and Lungs will be conducted by Dr. Hutchinson in connection with his lectures.

FEE FOR THE WHOLE COURSE, FIFTY DOLLARS.

OR ANY PART MAY BE TAKEN SEPARATELY.

OFFICE STUDENTS will be received by Drs. Bolling Hutchinson, and Hodge, for the whole or part of a three years' course of study. They will be admitted to the Summer School and to the Winter Examinations, and Clinical Instruction will be provided for them at the Pennsylvania, Philadelphia, Episcopal, and Children's Hospitals. They will be given special instruction in the Microscope, Practical Anatomy, Percussion and Auscultation, Practical Obstetrics, Bandaging, and Operative Surgery. They will be enabled to examine persons with diseases of the heart and lungs, to attend women in confinement, and to make microscopical and chemical examinations of the urine.

WINTER COURSE OF EXAMINATIONS will begin with the Lectures at the University of Pennsylvania, in October, and will continue till the close of the session.

Candidates for Admission to the Army and Navy, and those desiring promotion to a higher grade, may obtain private instruction.

Fee for Office Students (one year), $100.
Fee for one Course of Examinations, $30.

Class Rooms, No. 920 Chestnut Street.
Anatomical and Surgical House, College Avenue.
Apply to H. LENOX HODGE, M. D.,
N. W. corner Ninth and Walnut Streets,
Philadelphia.

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THE

MEDICAL AND SURGICAL REPORTER.

No. 581.] PHILADELPHIA, APRIL 18, 1868. [Vol. XVIII.—No. 16.

Original Department.

Communications.

CIMICIFUGA RACEMOSA.

(*Actæa racemosa—Macrotys rasemosa.*)

By J. Adolphus, A.M., M.D.,
Of Logansport, Ind.

Black cohosh has puzzled therapeutists to determine its proper place in the books. All who have written respecting its therapeutic value, have clothed it with marvellous properties. The macrotys has attracted the attention of the profession for many years, and it has held a high place as a curative agent. The extravagant praise that has been bestowed upon it by writers, arises, no doubt, from its great influence over the *splanchni nervous system.* It is evident that the *modus operandi* of this agent has not been carefully and scientifically studied. The loose and careless, if not empirical manner of its use has no doubt clothed it with fabulous powers. The power of the macrotys to control functions, and modify sympathy in morbid conditions, gives it a most wonderful range of applicability. Those who are acquainted with the anatomy and physiology of the nervous system, will be at no loss in comprehending my views in this paper.

In attempting to study the therapeutic application of the cimicifuga racemosa, we may as well at this time assume that its action is only on the nerves of organic life. The distribution of organic nerve corpuscles throughout the soft solids of the body, and their close relation with the cerebro-spinal system of nerves; their powers in originating and maintaining certain conditions of the nutrition of tissue, present them to us as *organs* of very great importance in connection with morbid phenomena. Especially is this the case, when we remember that secretion and excretion is so largely under their influence. Furthermore, it is manifest that their office as vasa motor nerves, make up the name of a large and ubiquitous influence as belonging to them.

It is upon this system of the nervous tissue that the macrotys particularly acts.

When the macrotis is taken by a healthy person in sufficicient doses to affect the nervous system mildly, there is experienced a pleasant warmth all over the body at first. Then this feeling gradually grows into a sense of fever heat, without the prostration peculiar to nervous excitement. The whole cutaneous surface glows, the circulation in it is active, the veins swell, the mind feels clear, and the whole secretion of the body is pleasant. The sensations are slightly increased, the thorax seems full, and the abdomen experiences a mild warmth through its whole contents, while a sense of hunger gradually steals over the stomach. If the dose be inreased, the pulse grows full and large, and somewhat *accelerated,* the eyes and head feel full, while a decided sense of fever-heat is experienced, and the thermometer manifests an increase of from one-half to one degree. If the dose be further increased, the head begins to experience an uncomfortable sensation, which soon forms into a decided ache in the base of the brain, especially in the region of the pituitary body. The mind grows lethargic, there is a slight feeling of constriction of the chest, the ears roar, and the whole body feels hot, while a feeling of malaise prevails. The secretions become partially arrested, fleeting pains pass over and through the limbs, the muscles feel sore, locomotion more or less painful, the joints feel stiff, and the feeling prevails as when one has taken a cold. A general sense of slight rigor alternates with flashes of heat, and the mind acts with great effort. The nervous system feels quite prostrated at last. These symptoms

pass off during the night; sleep is sound, and the appetite is keenly sharpened on the following morning.

These are the train of symptoms that follow ʒss. doses of the saturated tincture prepared with strong alcohol, repeated every two or three hours.

It is evident that it cannot be classed as a narcotic, though many attribute to it this property.

Though the action of the cimicifuga is decidedly on the nervous system, it is evident that it is upon the organic and splanchnic portion. We will not be much surprised at this view, if we keep in mind the great distribution of this system. I am well satisfied that the views of Dr. Copeland on this system of nerves are correct, and that we should pay more attention to the opinion of that great man's views on this interesting subject. While he believes that the ganglionic system originates in corpuscles in the tissues, and send out their branches from those corpuscles, which form ganglia, and work their way toward the cerebro-spinal axis, forming close attachments and associations with the nerves of motion and sense, he shows that the whole system of sympathy may be readily explained on the strength of these facts.

Keeping in view this disposition of the nervous system, we can readily explain the action, not only of macrotys but of digitalis, stramonium, conium, lobelia, and many other remedial agents of known value, but whose modus operandi are somewhat obscured, especially when attempted to be explained in conformity with the prevailing theory.

The power of macrotys over the functions of organs, is both remarkable and interesting. The facts to be borne in mind, are that certain conditions, both of nutrition, and of a pathological character, influence the functions of all organs in different manners. When we turn to its action on the uterus, we find it acting at one time as an emmenagogue, at others as a parturient, and again as an admirable remedy in menorrhagia. The macrotys here decidedly has but one influence, viz., over functions. At one time it arrests the hemorrhage from the organ by calming the highly excited state of its vasa nerves, and soothing its distorted functional forces. At any other time it calls into activity the diseased functional forces of the organ. Its action as an astringent must be viewed in the light we attribute to digitalis. The nutritive condition of the organ is the great criterion for our judgment.

In diseases of the lungs, macrotys in my humble opinion has no equal. Its action in pneumonia is both astonishing and satisfactory. Unlike the verat. viridi, it acts on the capillary circulation of the organs, giving tone to the walls of the vessels through their vasa motor, while it increases the nutritive forces of the bony tissue, and calms the whole nervous system. It is well known to experienced and observing practitioners that there is a low and very depressed condition of the nervous system in that form of pneumonia incorrectly called "typhoid." The life forces exhaust rapidly, and the patient dies from *asthenia*. In these cases, the saturated tr. of macrotys is truly a balm of Gilead, a great remedy, in doses from four to twenty drops every hour or two. In the pneumonia that arises during typhus fever, microtys is a sheet anchor. In typhus fever it remarkably quells the nervous agitation, when united with tr. gelseminum.

In chronic bronchitis, macrotys stands high as a curative agent. When the bronchial secretion is profuse and mixed with pus, it certainly controls and modifies the pathological conditions involved. In consumption or pulmonary tuberculosis, the black cohosh has performed many wonderful things. I know many will distrust this statement, but I cannot help it, it is nevertheless true. A man who has the idea of blood disease uppermost in his head, and who views consumption as having its origin in this fluid, will not be likely to stop and reason on macrotys as a remedy of any value in phthisis. I have seen no less than three cases of confirmed tubercle of the lungs get well by the use of the macrotys; two of them showed a fossa over the clavicle in due time. But I cannot refrain here from observing that I am strongly of the belief that tubercle is a *local* disease; so are cancer, lupus, etc., all arising from mal-nutrition of the respective tissues, and from the wastes being abnormal; but more of this some future time.

In chorea, the macrotys has no equal as a curative agent. I have seen several cases in children cured by it, when all other remedies failed. Macrotys is a specific in many of the singular nervous disorders of females. Who of us has not met cases of nervous disorders in women that have defeated our best efforts? We fail to locate the disease, in fact they are pathological enigmas to us. Here macrotys is our hope and our strength. Its power over the uterus is amazing. Very frequently, when that organ is in a state of excitement from *any cause*, macrotys soothes the excitement. I can recall many cases of this description cured by macrotis. Many cases of persistent menorrhagia that resisted every other means, yielded to the saturated tincture.

In the peculiarly distressing state of females known as the *turn of life*, macrotys works its wonders. In articular rheumatism I have not found it of much benefit. But in the form known as muscular, which often simulates the articular, the macrotis is the remedy. In all cases where there is hyperæsthesia or hyperæmia of the nervous tissue, and excitement of the ganglionic, we will find macrotys a valuable agent. Its operation seems to me to be the reverse of arsenic on these tissues.

In periodic headache I unite it with the tinct. of gelseminum, with happy results. In the coma vigil of fevers, the same combinations with morphia have done me most excellent service. The delirium of fever is frequently quelled by it, especially if accompanied with injected eyes and headache.

The alterative power of the macrotys must be regarded in the light of its influence over function. Its control of secretion is due to its control over the part of the nervous system that is associated with secretion and excretion, as on the vasa motor. In that singular disease known as scrofula, the macrotys acts on the same physiological principle. That it corrects nervousness, no one conversant with its action will deny. I have seen exudations on the mucous membrane of the mouth, throat, etc., promptly controlled by it. I have seen the effusion from pleurisy rapidly subside and disappear under its influence. Even the troublesome exudations on the neck of the uterus have been arrested and cured by it.

It takes the place of ergot in a very remarkable manner. It seems to affect the uterus more mildly, but at the same time more steadily, and continue longer in its action. I prefer it altogether to the ergot as a parturient. As an emmenagogue in amenorrhœa, the black cohosh is the surest remedy known to me. I say the surest, because I have repeatedly seen it bring on the menses in girls who were suffering from amenorrhœa for months and years.

As a tonic, it stands high when the nervous system is at fault. In all those diseases of the stomach caused by hyperæsthesia of the nervous and mucous tunic of the organ, it may be relied on with confidence.

There are many women who complain of pains over the back, limbs, in the uterus, head, and shoulders. These cases are readily benefited by the macrotys.

In young persons just coming into puberty, we find frequently that they are ailing; nor can we with any precision locate their disease; in such cases macrotys accomplishes a cure.

As an aid to other remedies, the macrotys has a larger range of application than any other remedy known to me. Cod oil often acts better with it than otherwise. Opium is very much modified in its action when united with macrotys. It is frequently a great advantage to unite them in the wakefulness of fever, and in delirium. With iron it acts pleasantly and in a remarkable manner aids its absorption. Quinine, opium, and macrotys, form with me a favorite remedy at bed-time in all ataxic diseases, especially in the worst stages of typhoid fever. In union with gelseminum and morphia, I have seen the most furious delirium quite subside, and sleep procured in fever cases, also in delirium tremens.

In neuralgia caused by hyperæmia of the nerve tissue, or from depression of nerve force, the macrotys, united with opium and aconite, have worked wonders for me, and brought ease rapidly. With chloroform, it forms also a splendid nervine. In short, in all conditions of the nervous system we may use macrotys with advantage.

Macrotys acts finely on children, especially those that are teething. In them

the ganglionic system is remarkably active, and on this macrotys acts as a charm. In all the profuse secretions that occur in their diseases, macrotys may be used with very great benefit. We may say that in women and children macrotys acts admirably.

All the preparations of macrotys except the saturated tincture made with *strong* alcohol, should be discarded. The macrotin has not proved of any value in my hands.

The saturated tincture is made by me as follows: Eight ounces of the recent root is ground to a coarse powder, and dampened with f.℥iv. of *strong* alcohol, and packed in a percolator, and allowed to stand twenty-four hours. Then *strong* alcohol is gradually poured on, and a pint of saturated tincture obtained. Diluted alcohol is now poured on until f.℥viii. more run off. This latter is collected *separately* and evaporated to the consistence of molasses by a heat not higher than 120°, and mixed with the first f.℥xvi. of saturated tincture, gradually. The dose of this is from ten to thirty drops. I find, however, that the saturated tincture made *all together* by strong alcohol, and using no heat, makes a more valuable preparation, and it is more reliable in my hands than any other form of the remedy. I take eight ounces of the *recent* root in moderately fine powder (not too fine), on which I pour f.℥iij. of strong alcohol to dampen it well. Then I pack it in a percolator, close its lower end, and set it away for twenty-four hours. On this I gradually pour f.℥viij. of strong alcohol, and percolate off f.℥viij. of tincture, adding alcohol until that amount is obtained. This forms a very saturated tincture. To save the remainder, I use diluted alcohol until f.℥x. more are obtained. This I do not mix with the former, but keep it separately, to be used in ordinary cases, as I do not esteem it as highly as I do the "first run." The alcohol should be 98 per cent.

The macrotys has a most pleasant influence on the action of the heart. To me its influence is much like digitalis, but more safe, while it braces the whole nervous system. In the inordinate action of the heart in nervous persons, and in angina, it controls the organ speedily, quiets its agitation, and removes all the discomfort attending the condition. To the weak heart it gives tone and strength. It steadies the pulse. It is evident that the great influence of the remedy is on the nerves of organic life, whose action it decidedly controls.

Combined with the saturated tincture of asclepias tuberosa, we have the greatest diaphoretic known in the materia medica. No man can use the combination without being struck with the mighty power of the co-agents. In diabetes, Bright's disease, uremic coma, anasarca, ascites, fevers of all kinds, and diseases of the skin, when we wish to call into profound action the cutaneous emunctories, we have in the above combination a Hercules. In the nervousness caused by the use of tobacco, the macrotys often affords prompt relief.

One very important and valuable quality of the macrotys is its benign influence over the sad nervous derangement of syphilis in its after stages. Those who should use it in these cases in connection with the cod oil, will be remarkably pleased with it.

I should advise physicians everywhere to prepare their own saturated tincture themselves, then they will be sure to obtain a reliable article. All the fluid extracts, etc., etc., sold by manufacturers, are complete nuisances, and quite unworthy our confidence, at least that has been my experience.

In a case of typhus, attended with fierce delirium and obstinate sleeplessness, in which the patient's life was in great jeopardy, his pulsations were so frequent as to render it impossible to count them; the respiration was rapid; skin cool, clammy, and inelastic; eyes suffused, red, and wild; countenance, pinched, haggard, and anxious; delirium maniacal. Everything I tried to arrest this desperate condition failed, until I tried the following prescription: Saturated tincture macrotys, f.℥j., saturated tincture gelseminum, f.℥j., sulphate of morphia, ten grains, dissolved in water, f.℥j. Mix. Forty drops were given every half-hour. Within three hours the patient went to sleep. In less than an hour the violent delirium was much subdued, the skin commenced to grow warm and elastic, the eyes were less suffused, and the countenance had lost much of its horrid

appearance; in an hour and a half the pulse fell to 140, and gradually grew fuller and more firm. I have frequently used this prescription since in such cases, with the same pleasing results.

In the above case opium was given with a firm hand at first, until I was satisfied it failed to produce the desired result. These symptoms above enumerated prevailed for nearly eighty hours. The case was an agonizing one, inasmuch as the patient was a dear friend of the writer. It is certainly a fact that macrotys does modify the operation of opium by influencing its effects on the cerebral circulation.

But I feel confident, after a long and careful observation of the operations of this important remedial agent, that it really exercises a tonic influence on the cerebral substance, as well as on its circulation. This is made manifest from the manner it remedies its functional derangements in some particular cases. Thus, a legal friend, who had been much oppressed with professional care, found his memory and his perception much impaired. The pupils were largely dilated, but his pulsations were not materially deranged. He observed to me that he suffered from a singular form of headache and discomfort, while he was utterly incapable of recollecting from day to day what he had done. He assured me that it was difficult to place his attention on any object, or concentrate his mind on any subject, while he felt a profound indisposition to read or study. Further, he remarked that he could not read fluently or rapidly, as he was wont to do, that there was a very perceptible loss of time intervening between his seeing the words in the book, and his perceiving what they meant. That he was obliged to read slowly and carefully, and even then it was difficult for him to perceive the sense of what he read. His sleep was very much impaired, and his mind was of an irritable and unsteady cast. I placed him at first on the bromide of potassium. After its use two or three weeks, he found himself growing worse. I then placed him on forty drops of the saturated tincture of the macrotys racemosa. Under this treatment he quickly commenced to recover, and was, in a month, entirely well. This case was doubtless imperfect nutrition of the brain, induced by over use. No matter what may be said concerning nervous excitement, the symptoms in this case directly pointed to inanition of the cerebral mass.

I am anxious that gentlemen who have opportunity should give the macrotys a fair trial in all suitable cases. As a controller and modifier of nerve-action, I am convinced they will find it a surpassingly valuable agent. I might with propriety here observe that the facts in this paper have been written as I recalled them after reflection and consideration, which accounts for its unsystematic order. The macrotys and strychnia form a most valuable remedy in that singular form of hyperæsthesia of the mucous coat of the stomach so frequent in nervous persons, and irritative dyspepsia mentioned by Golding Bird. Many of the kinds of cases treated of by that great man, as oxalic diathesis, have been made to yield, in my hands, to the above combination, without the acid treatment. The combination certainly has a pleasing influence in scrofulous diseases when the nerve-tissue is involved.

SURGICAL CASES.

By Philip Leidy, M.D.,

Of Philadelphia.

Gunshot Wound through the Left Knee-joint.—Syme's Operation.—Secondary Hemorrhage on the 12th Day.—Ligation of the Femoral Artery at its Middle Third.—Recovery.

William H., sergeant, Co. "E," 119th Regiment Pennsylvania Volunteers, was wounded during the early part of the engagement at Winchester, Virginia, September 19th, 1864, by a minie ball passing directly through the left knee-joint from the outer side, destroying the articulating surfaces of the tibia and the internal condyle of the femur. Syme's operation was performed at the field hospital, after treatment consisting of the ordinary cold-water dressings. The patient was removed to the 6th Army Corps Hospital, under the able management of Surgeon Redford Sharpe, of the 15th New Jersey Vols., where every attention was bestowed.

The patient did remarkably well until about the fifth day, when he was seized with a decided chill, followed by a very high fever, which fortunately turned out to be malarial, and yielded readily to qui-

nine. After the fourth day of the chill the patient was as well as before. The stump was healing rapidly, and everything bid a fair prospect for a favorable termination.

On the night of the twelfth day of the operation, I was summoned hastily, the message being that Sergeant H was "bleeding to death." When I arrived, I found that one of the assistants had applied a tourniquet in the course of the femoral artery. Upon close examination, I found secondary hemorrhage had set in from the popliteal artery, and that the patient was quite weak from the loss of blood. All attempts to check the hemorrhage at its seat proving of no avail, it was determined upon to ligate the femoral artery at its middle third, which was done without difficulty. The patient did well from the operation, there not being an untoward sympton. The usual cold-water dressing was used throughout, and on the 30th of November, 1864, the patient was discharged cured, with every indication of a long life in the future.

Gunshot Wound of the Right Foot.—Pirogoff's Operation.—Division of the Tendo-Achillis.

Andrew P., private Co. "F," 106th Reg't Pa. Vols., July 6th, 1862, was accidentally wounded by the discharge of a gun in the hands of a comrade, the contents taking effect in the right foot, destroying the tarsus. Pirogoff's operation was performed, after-treatment being the cold-water dressing. The patient did very well up to the time he was sent to the General Hospital, when for a time I lost sight of him. The same difficulty, I presume, was being experienced by almost every surgeon in the field. I was more than ordinarily anxious to follow up the case, its results, and termination, it being the first operation of the kind performed by me up to that time, and secured, after many writings, his residence and the hospital in which he was under treatment. The following will give the results.

Brooklyn City Hospital, *Raymond St. September 6th*, 1862.

Dr. Leidy:

Sir,—The operation which was performed by you upon Andrew P., at Harrison's Landing, Va., has proved an entire success. The stump is now entirely healed, and the patient is able to go about on crutches. His general condition is very good, and the appearance of the limb is very satisfactory. After he arrived here, he complained of excessive pain in the stump, so much so that he had to be kept under the influence of opium, so great was his suffering. This lasted for about one week. After that he improved rapidly. There was a great tendency to keep the bony surfaces apart by the spasmodic contraction of the gastocnemius and soleus muscles, which I think might be prevented by the division of the tendo-Achillis.

This spasmodic action, which was very difficult to combat in this case, I think, was the sole cause of so much pain and suffering.

Yours, respectfully.

W. H. Bates, M. D.,
House Surgeon.

In four cases the above suggestion was acted upon; two cases operated upon by Dr. Hayward, two by myself, with entirely satisfactory results.

RADIX JALAPÆ.

Its Growth and Cultivation.

By G. Naphegyi, M. D.

About thirty miles distant from Vera Cruz, the principal port of the Mexican Republic, lies the city of Jalapa, built upon a spot some 4500 feet above the level of the sea. It is located in the midst of a woodland country, and contains some 15,000 inhabitants.

It has been aptly called the "Garden of Eden," and here it is where the bulb familiarly known as *radix Jalapæ* is found, and from this place has taken its name.

Jalapa and its vicinity may be called a complete herbarium, and with the exception of ipecacuanha, rheum, cortex cinchonæ, and camphor, I found here most of those medicinal plants which I formerly believed were obtained only from China, the East Indies, etc., etc.

The forests in these environs abound not only with trees possessed of medicinal properties, but also with those which are so valuable for chemical and mechanical purposes. In the midst of them lies the beautiful and romantic spot called "Jalapa."

Modestly raising its unassuming blossoms among the gorgeous assemblage of nature's rich exotics, is to be seen a little blue bell flower, resembling in appearance the "morning glory," but which, upon examination, proves to be the *convolvulus Ja-*

lapæ, so world-renowned for its medicinal virtues.

Until within later years the Jalapa plant was not cultivated. The *peons*, or laborers, of the various *haciendas* in the neighborhood of Jalapa, upon going to the forests to gather wood for kindling, finding this root at the base of the trees, and recognizing it by its slender tendrils clinging to the bark, dug and took from its roots the larger bulbs, leaving the smaller and more tender ones to form bulbs for the next harvest. The radix or root thus found was then placed by the Indian upon the roof of his hut, and allowed to remain there until thoroughly dried by the rays of the sun. After having collected a few pounds, he then carried them on a Sunday to some *tienda* or store in the city of Jalapa, and made an exchange for a gallon or two of *agua ardiente*, or whisky, or some few yards of unbleached cotton cloth, the only material used by the Indians for their clothing. This then was the only means employed for the collection of the Jalap, which was kept by the storekeeper until a large quantity was accumulated, when he forwarded it to Vera Cruz, whence it was shipped to the European market. It brought as high a price as a dollar, or even more per pound, while the original gatherer had not received more than from fifteen to twenty cents per pound.

The cause of the high price of this article in the market is on account of its having diminished in quantity through this primitive method employed in its gathering. The avarice of the gatherer tempted him to extract even the small bulbs, and thus destroy the whole plant, nothing being left to generate another harvest.

In the year 1865, the late Emperor Maximilian, of Mexico, issued an order to the various Prefects of the District of Jalapa, recommending to their consideration the cultivation of the Jalap plant.

About this time I published an article in one of the Mexican newspapers, giving my experience in regard to its cultivation, which knowledge I trust will prove useful to the horticulturists of this country, as it was to those who practised this method in Mexico.

The convolvulus Jalapæ being a bulb, its culture must succeed in any clime where other bulb plants are grown with success, as it arrives at maturity in a very short space of time.

In the environs of the City of Mexico I found convolvulus of various species to abound, and this induced me to try an experiment with the convolvulus Jalapæ. Consequently I wrote to a friend in Jalapa, who sent me four small bulbs, weighing altogether not more than one ounce and a half, their condition not being encouraging for my experiment. I planted them, however, at the foot of a walnut tree in the middle of March, and in the middle of September I found that one of them had accumulated not less than 20 bulbs, another 16, and the two remaining, 12.

Surprised at this quantity, and overjoyed with the reward of my experiment, I submitted the result to the examination of Professor Don Leopold Rio de la Loza, one of the most celebrated chemists in the capital of Mexico, in order to test their medicinal properties. The result rewarded my trouble, for upon trial they were found equal in every respect to those which grew in the neighborhood of Jalapa.

My suggestion was adopted, and since then the cultivation of the Jalapæ is made a product of speculation by some of the European horticulturists in the neighborhood of the capital of Mexico. A short time after this trial, I left Mexico for the United States, and becoming engaged in affairs entirely adverse to my vocation, I was obliged to resign my investigations in the interesting pursuits of botany, to which I had formerly dedicated all my leisure moments.

During a visit which I recently made to the Peninsula of Yucatan, I met with a detention, occasioned by the non-arrival of the steamer which was to convey me to Havana. I resolved, therefore, to improve the time in making an excursion to the woods in Humahumaha, and while engaged in the collection of herbs and plants, I met with my old acquaintance, the convolvulus Jalapæ. I gathered some beautiful bulbs, and brought them in a satisfactory condition to New York, where I again tried my experiment of cultivation.

Six of the bulbs I planted in a hot-house, while the same number I placed in the

ground in the open air. This was in the month of July, and in the month of October, I dug out those which I had planted in the open air, and found that they had not multiplied but increased in bulk, that is, from one ounce, they had increased to from three to four ounces in weight. Of those which I had planted in the hothouse I found that some of them had commenced to decay, while others although, not much increased in size, had multiplied in number of roots.

During the winter of last year, I placed the bulbs in a warm situation, taking care to keep them sufficiently damp, but not so much as to cause them to decay. I planted them in the open air about the middle of May, and at the end of September I succeeded in gathering a harvest weighing over eight pounds in the dried state. This practical experience proves that the radix jalapæ can be cultivated in this country, by planting it in the month of May, thus giving it sufficient time to arrive at maturity, that is, until September, before the frost sets in. The larger bulbs could be then taken out, while the smaller ones I would suggest be left in the ground, well covered on all sides with manure, so as to insure them against injury from the frost.

Hospital Reports.

Pennsylvania Hospital,
February 22d, 1868.

Clinic of J. M. Da Costa, M. D.

Reported by Dr. Napheys.

Ulcer of the Stomach.

Kate W., æt. 23. She had vomited blood several times before her admission to the hospital on the 8th inst., and had passed blood by the stools. She has been troubled with dyspeptic symptoms, and was very anæmic. When admitted, she had rapid pulse, respirations 32, and high temperature.

Since last fall she has had pain at the pit of the stomach after eating, so sharp as to cause her to cry. She has had none for the last two weeks. She has been of costive habit. She generally vomited after breakfast and dinner, and in the morning before eating. There is no pain on pressure over any portion of the epigastrium, and none along the spine over the dorsal vertebræ. The liver dulness is normal.

In certain affections of the liver and spleen, congesting the portal circulation, there is hemorrhage. There is nothing of this kind here, as there is no enlargement or contraction of the liver, no ascites, no increase in the size of the spleen.

The hemorrhage is not connected with the menstrual function, for it has occurred but on one occasion at the menstrual period.

Having thus excluded vicarious hemorrhage and hemorrhage from congestion of the stomach without disease of that viscus, it remains for consideration whether it be due to an affection of the stomach itself. There are here undoubted signs of disease of the stomach, in the long standing indigestion, in the pain and vomiting after taking food, lasting not for weeks, but for months, and in the tongue still coated. In a case of hemorrhage that can be traced to the stomach as this has been, excluding the possibility of its being symptomatic of an affection elsewhere, then the question arises, with what diseases does hæmatemesis generally occur. It occurs either in ulcer of the stomach, or in cancer of that viscus. May it not occur in chronic inflammation? Patients with chronic gastritis will vomit sometimes a small quantity of glary mucus streaked with blood, but they will not have a hemorrhage. The disease is either ulcer or cancer when there is marked hemorrhage in an affection of the stomach.

Which of these two affections is presumably present in this case? When the patient is young, particularly a young woman, when the pain occurs more particularly after the taking of food, when the hemorrhage from the stomach appears to be out of all proportion to the gravity of the attending symptoms, when there is an absence of any perceptible swelling, the case is in all probability one of ulcer, and not of cancer. On the contrary, when there is a marked cachexia, an obvious tumor, and the patient above thirty-five, then hemorrhage from the stomach means generally a cancer, and not an ulcer.

This woman, if there be any chronic lesion at all of the stomach, has an ulcer. This is shown by the exclusion of every other cause which may have given rise to hemorrhage, and by the presence of persistent indigestion, pain on taking food, and vomiting. There is but one symptom about her case which causes any hesitancy at all in pronouncing the diagnosis of ulcer of the stomach—the patient has no sensitive spots. In the vast majority of cases of ulcer of the stomach there is a very tender spot on pressure in the epigastrium, and often also one over one of

the dorsal vertebræ. All attempts to elicit any sense whatever of tenderness have failed after repeated examinations. It is quite possible that there may be here this cause for it, namely, the existence of the ulcer toward the pyloric extremity of the stomach. This is a view of the case which is rather borne out by the fact that hemorrhage sometimes takes place from the bowels rather than from the stomach. Whether this explanation be correct or not, tenderness is the only sign *wanting* of marked ulceration of the stomach.

In the treatment there are two indiaations; one is rest, the other the causing of the ulcer to heal. With reference to the first, it is of the utmost importance, not so much rest of the body, which, however, is very useful; but rest of the affected organ. It must not be kept in a state of continual functional activity, it must not be called upon for increased digestive exercises; therefore the mildest conceivable diet should be employed which is nourishing, as plenty of milk, eggs, some rice, beef-tea not too strong so as to be irritating. Opium is here of service, for it keeps the abdominal organs more or less at rest, and it checks waste and enables a person to get along with less food.

A great many agents have been tried empirically to control the ulcer itself, but it cannot be said that it has been proven that any one article has a very special local influence on the ulcer. Nitrate of silver has been much lauded, and there are undoubted cases which have recovered under the influence of nitrate of silver. This patient is being treated with oxide of silver and opium, one-half grain of oxide of silver with one-sixteenth grain of extract of opium in pill, ter die. The oxide is preferred to the nitrate of silver, because it can be continued for a long time, without any danger of altering the hue of the skin, and because it undoubtedly controls gastric irritability better than the nitrate. When the bowels are costive, they are opened by means of gentle laxatives like oil, or by means of an enema. She is also taking iron by inhalation through the atomizer, so as to get the constitutional effect of this agent, so evidently called for by the anemia present, while sparing the stomach.

—— Disinfectant Properties of Coffee. It is not generally known that slightly roasted and ground coffee, placed on a warm surface, such for instance as a fire-shovel, will neutralize vapors of ammonia and sulphuretted hydrogen.

Editorial Department.

Periscope.

Nævus Successfully Treated by the Application of Collodion.

Dr. L. S. Joynes, Professor of Physiology in the Medical College of Virginia, publishes the following in the *Richmond Medical Journal:*

As every mode of treating surgical diseases which may supersede the necessity for the performance of painful, dangerous, or disfiguring operations, should be welcomed as a boon to humanity, I feel it a duty to report the following case of the successful employment of a mode of treating vascular tumors, which appears not to be sufficiently known to the profession. The proposition to take advantage of the strong contraction resulting from the evaporation of collodion, in order to effect the obliteration of such tumors, is, I am fully aware, no novelty; but the fact that no mention of such a method is to be found in any of our most approved and recent works on surgery, (so far as I have been able to discover,) justifies the remark, that it is not generally known to the profession. Yet the results of the occasional trials of it, which have been reported from time to time, afford ground for the belief, that it will, in many instances, obviate the necessity of a resort to the ligature, the seton, the irritating injection, the caustic, and other operative procedures, more or less harsh, which the surgeon is accustomed to employ in such cases—while it possesses the great recommendations of causing *no pain*, and leaving *no scar*—advantages especially to be valued, when we reflect that the subjects of these tumors are so generally young children, and that they are so frequently situated on the face.

The subject of the present case was a fine, healthy female infant, four months old, on whose left cheek there had appeared two or three weeks before, (according to the report made to me,) a small red spot, which gradually enlarged and deepened in color. (I can testify that there was no trace of the disease at birth, for I was present at the birth, and saw the child repeatedly afterward, until it was five weeks old, when I vaccinated it; during all this time it was "without spot or blemish.") When the case presented itself to me for examination, the spot was about three quarters of an inch in diameter, slightly elevated above the general surface of the cheek, (of which it occupied the centre,) of a purple hue, offering at a distance some resemblance to a

contusion, but on a closer examination it presented an appearance of vascularity and vitality quite different from the dull livid aspect of a contusion. Small veins could be seen through the transparent cuticle, creeping over the discolored surface. On examining the part with the fingers, the tumor was found to involve the derm and subcutaneous areolar tissue, extending to the limits of the discoloration. It was of softish consistence, without pulsation, and evidently not at all sensitive to pressure.

The case being evidently one of nævus, with a predominance of the capillary and venous elements in its structure, it appeared to me to afford the fairest opportunity for a trial of the virtues of collodion. Accordingly, on the 16th of December, I applied the collodion freely over the discolored surface with a camel's hair pencil. The contraction which ensued on the drying of the liquid was remarkable. The prominence of the discolored portion of the cheek disappeared; the integument all around was strongly puckered, and through the coating of dried collodion, the discoloration was seen to be much diminished. The application seemed to cause not the slightest pain or inconvenience to the child.

On the next day I re-applied the collodion, and then entrusted the further application to the mother, directing it to be repeated daily, or at least as often as there were any signs of the detachment of the pellicle. I made occasional visits, and found the case progressing favorably.

Jan. 1st. The pellicle having become detached before my visit, while the child was being washed, I found that there was no longer any *tumor* perceptible, either to the eye or to the touch; but there still remained a faint discoloration. I therefore continued the treatment.

Jan. 9th. There is no longer any trace of the nævus; the only discoloration visible is due to two or three minute papulæ, produced evidently by the irritating action of the collodion upon the delicate integument. Instead of a prominence, there is now a very slight depression at the site of the nævus, the result of the continued pressure. I directed the application to be suspended for a day or two, in order to allow the subsidence of the slight irritation of the surface, and then to be resumed and continued four or five days longer, in order to confirm the cure.

Jan. 17th. The treatment was discontinued several days ago; the cheek is entirely natural in appearance.

I will add, by way of caution to those who may feel inclined to try this method of treatment, that on one occasion, in applying the collodion, I unthinkingly commenced by making a sweep with the brush around the margin of the tumor, and then rapidly painted over the discolored surface. The result was that the marginal ring dried first, with the effect of producing a partial strangulation of the tumor, which immediately became strongly congested and much more prominent. The constricting circle, however, was readily dissolved off with a little sulphuric ether, and there was an end of the trouble.

Chronic Urticaria.

Chronic urticaria is often a very troublesome affection, and a few hints regarding it, based on hospital experience, will be doubtless acceptable to our readers. Dr. Hillier, physician to the Skin Infirmary of University College Hospital, considers the disease to be one requiring the utmost discrimination for its treatment. Occasionally a case will be found to depend on one article of diet, which it requires careful inquiries and observation to ascertain. One case was found to be caused by cheese, another by coffee, another by tea. In such cases the mere disuse of the offending article will sometimes cure the disease. When the patient is of a rheumatic tendency, alkaline medicines are of use. In very many cases colchicum is of great service; some of these are probably gouty in their nature. In many of them, however, it is not possible to find any indications of a gouty constitution. Dr. Hillier has seen great benefit from the use of quinine, especially when the attacks occur with marked periodicity. When there is no gastro-intestinal irritation, arsenic has been sometimes found useful. Unfortunately it is not always easy to decide what remedy shall first be tried. One case coming under Dr. Hillier's care from time to time, is always cured by a few doses of cod-liver oil. Dilute nitric acid has occasionally been found serviceable.

Of twenty-eight cases, of which Dr. Hillier has notes, nine were either cured or received much benefit from the use of colchicum and alkalies. In four, quinine was given, of which three were cured, and of one the result was not known. In two cases nitric acid relieved the patient. Of three cases under alkaline treatment alone, two were cured, and in one the result was unknown. Arsenic cured one very obstinate case, and aggravated another case.

In all cases of chronic urticaria it is important to inquire as to the possible existence of bugs, fleas, pediculi corporis, or of the acarus scabiei. It is not uncommon for patients to suffer a long time from urticaria caused by one of

these parasites, whilst other signs of their irritation are almost absent. In these cases ointment containing stavesacre or sulphur, with attention to cleanliness of bed- and body-linen, will cure the disease. Local applications in other cases appear of little permanent use; lotions or ointments containing chloroform, or nitric or acetic acid lotions, give momentary relief.

Pruriginous strophulus, a disease of infants, closely allied to urticaria, is usually relieved by the syrup of the iodide of iron.—*Lond. Lancet.*

Animalcules in Whooping-cough.

The existence of minute organisms in various pathological secretions, or exhalations, is gradually being made out; and as such have also been found in normal secretions and excretions, it may be suspected that ere long the present pathological views respecting a variety of diseases will be wonderfully changed. Quite lately, M. Poulet mentioned, in the *Cosmos*, having found in the moisture of patients suffering from whooping-cough, infusoria belonging to the class bacterium bacillus.

Reviews and Book Notices.

NOTES ON BOOKS.

Many interested in physiology will be glad to learn that a bi-monthly magazine has been started at Paris, under the supervision of the eminent Dr. Brown-Séquard. It is entitled the *Archives de Physiologie.*

Another new journal which we welcome to our table is the *Revista Medico-Quirurgica y Dentistica*, Havana and New York. Its editors are Drs. Wilson and Gonzalez, of Havana. It contains 112 pages, is got up in good style, and proposes to appear quarterly. We hope it will extend a knowledge of sound science to the Spanish Americas, which, if all accounts are true, stand much in need of it.

We have also received the first copy of "*Packard's Monthly*, an American Magazine devoted to the Interests and adapted to the Tastes of the Young Men of the Country." New York: S. S. Packard, Publisher, 937 Broadway.

That a physician of the name of Ricord should devote himself to the study of syphilis, seems very natural. One such, Dr. Philippe Ricord, of Newark, N. J., has recently published a "Chart of Venereal Diseases." It is in the shape of a tree, the lettering giving the diagnostic characters of gonorrhœa, the chancroid, and syphilis. It presents the facts to the eye in a clear and intelligible manner. We believe this was an illustration accompanying Dr. Ricord's thesis. For sale by Wm. Wood & Co., 61 Walker street, New York.

The Seventh Annual Report of the Board of Managers of the Woman's Hospital of Philadelphia, January, 1868, shows that well conducted institution in a flourishing condition. The Nineteenth Annual Announcement of the Woman's Medical College of Pennsylvania reports the attendance of forty-two young women at the lectures of the current year.

Some interesting medical works have recently appeared in France. The distinguished expert, Dr. Ambroise Tardieu, is the author of two, "Medico-Legal Studies on Infanticide," and "Medico-Legal Studies on Abortion and False or Stimulated Pregnancy." Dr. Claude Bernard has given forth some "Lectures upon the Effects of Poisonous and Medicinal Substances." The chemist, Baron Justus Liebig, who seems of late to have gone into business to a damaging extent for his scientific reputation, has a small work on a "New Aliment for Infants," which we suppose is his prepared milk—a compound of questionable utility. The twenty-eighth volume of Memoirs of the Imperial Academy of Medicine has appeared, and finally, a work by Prof. J. A. Villemin, whose name has of late become quite familiar, on his standard topic, "Studies on Tuberculosis, Rational and Experimental Proofs of its Specific Nature and Inoculability."

Atlas of Venereal Diseases. By A. Cullerier, Surgeon to the Hôpital du Midi, etc. Translated from the French, with Notes and Additions, by Freeman J. Bumstead, M. D. Philadelphia: H. C. Lea. 1868. Part II., imp. 4to., pp. 141—192. *Price* $3.00.

The present number of this handsome work concludes blennorrhagic ophthalmia, and embraces blennorrhagic arthritis, balano-posthitis, vulvitis, vaginitis, metritis, ovaritis, urethritis, vegetations, and chancres. The plates it contains are very carefully drawn, well lithographed, and tinted. The color seems to us a little too deep to be perfectly natural on some of the cuts.

The translator has taken great pains not only to make a clear and readable book, but also to correct and expand the views of the author where such changes seem demanded. That he has done this with great discretion his well known reputation in this branch of diseases is a sufficient guarantee.

Medical and Surgical Reporter.

PHILADELPHIA, APRIL 18, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

WANTED.

☞ The following numbers of the Medical and Surgical Reporter *are very much needed at our office. For* all *of them we will credit* one dollar *on subscription, or ten cents a copy for less than the whole.* Those of our subscribers who do not care to preserve their files, will confer a great favor by returning these numbers. They are:

Nos. 559, 560, 561, 562, 563, 564, 565, and 566—or from Nov. 16, 1867, to Jan. 4, 1868, *both dates included.*

STATE LUNATIC ASYLUM.

The medical society of the State of Pennsylvania, through its Committee, presented to the Legislature a memorial showing the need of another asylum for the insane. After some delay, the necessary bill was passed, and now we hope to soon see better accommodations for that class of unfortunates than has hitherto been provided.

The Memorial estimates the number of insane in the State at 3500, or one for each one thousand of the population. About one-half of these are entirely unprovided for, either by hospitals or poor-houses. It justly urges that the condition of those who are not in hospitals, calls for urgent and instant relief. In very few of the poor-houses are there any proper accommodations for them, and even in those which have provided proper rooms for them, the provision is professedly only for those who have been insane for a term of years. In many poor-houses, the rooms in which the insane are confined are very small and close, with no means of admitting a proper supply of fresh air, either in summer or winter, and being in the basement, are extremely cold in winter and exceedingly uncomfortable at all times; others are confined in rooms exposed to the idle gaze of every passer-by, and too often their excitement is aggravated by the unfeeling taunts and reproaches of the vicious and heedless; males and females are placed in adjoining, and often in opposite rooms, even in that state of excitement when they will wear no clothing, and have only the covering of a blanket or quilt, and that not used probably except during a small part of the day or at night, with the doors of the rooms so arrranged with lattice work or openings, that any one can look in at pleasure. Males and females are too often allowed to mingle freely in the yards and the halls during the day. In many places many insane are kept in the jails for want of any other accommodations.

In different parts of the State, whether under the care of relatives or of the township authorities, they are kept confined in small rooms specially built for them, where they remain constantly; their food being passed into them through a small opening left for the purpose, and no means of exercise afforded them. It is not very unusual to find a number of the insane in different poor-houses with a chain on the ankle and fastened to a staple in the floor, allowing only a few feet of motion around a fixed point.

The financial aspect of the question, which is the stumbling-block in the way of so many much needed reforms, is discussed clearly and forcibly. It reminds legislators that every person becoming insane deducts so much from the producing power of the community, and is to that extent an incumbrance or a mortgage on the property and income of the Commonwealth, or of some of its parts, collectively or individually, to the extent of the cost of his or her support, so long as the insanity shall continue. The individual's estate pays, if it can; but, if not, the public must, for the body politic is the bondsman for every one in sickness and poverty to pay what he cannot. The cost of keeping an insane person at home, in a poor-house, or a jail, is not less than three dollars a week on the average, and this must be multiplied by as many weeks as the insanity shall continue.

The average duration of life of an insane person, not cured, attacked between 20 and 30, is 21.31 years; attacked between 30 and 40, is 20.64 years; attacked between 40 and 50, is 17.65 years; that is, insane, when taken near 20 to 30 years old, will, if not restored, live on an average 1118 weeks, and will cost $3354 for their support. Those 30 to 40 when taken, will live 1073 weeks and cost $3219, and those who 40 to 50 when taken, will live 917 weeks and oost $2751.

These are sums which the people must pay, they are debts incurred the moment the man becomes insane, and are a mortgage on the public property until these patients are restored. This, however, is not all the cost of insanity neglected and uncured; the Commonwealth loses all the services of these men, all that they would have earned during a sane life, if they are restored. The probable longevity or average time sane men will live after 20 to 30 years, is 39.12 years; after 30 to 40, 32.76 years; and after 40 to 50, it is 26.06 years. Then the public must not only pay the cost of supporting an uncured insane person when between 20 to 30 years for 1118 weeks, but lose his earnings for 2034 weeks. The earnings of course will vary with person, capacity, position and circumstances.

In England the prospective earnings over and above the cost of the support of an unskilled laborer, at twenty-five years of age are worth $1157; that is, an annuity equal to this profit on his labor through his probable life could be bought at that age for this sum. The earnings are more in America; the cost of living for laborers and others is about the same; hence the profits of life are greater and the annuity worth more. We may safely add 50 per cent. and more, and estimate the annuity as worth at least $1800 for the unskilled laborer; for the mechanic, trader and professional man it is worth more. Then if an unskilled laborer becomes insane at twenty-five, this annuity is lost to him, to his family, and the body poiitic, unless he be restored and the annuity regained.

It is shown that the cost of restoration to health is on the aggregate a great gain therefore to the community.

Other cogent arguments are advanced in this memorial, showing the urgent need of several such asylums in the State, and we hope that liberal provision will be made by the Legislature to do our duty as a commonwealth toward this unfortunate class of our fellow-citizens.

—— Doctor Peffer, who killed Mr. Cole in Gettysburg a few weeks since, has been transferred from the Adams county jail to the Pennsylvania State Lunatic Asylum. His insanity is of a very violent character.

CANCER DOCTORS.

In every village of moderate size, we encounter the species of quack, who boasts of his infallible specific to "kill cancers." In practice we constantly hear of miserable dupes who try one after another of these impostors until death, hastened by improper applications and remedies, mercifully relieves them from the grasp of the swindlers and their own sufferings. But also in a certain number of instances, we hear of ulcers and tumors, pronounced undoubtedly cancerous by regular practitioners, cured at least temporarily by these secret preparations. One such success is heralded in the loudest tones and largest capitals, greatly to the emolument of the cancer doctor, and to the annoyance of judicious minds.

The fault lies largely at the door of the profession. They are often too hasty in their diagnosis, and too inefficient in their treatment. The difference between a cancer and a cancroid is slight and sometimes imperceptible. Benign tumors frequently put on a malignant appearance, and there are some distinguished surgeons who are not yet prepared to admit that there is any essential difference between them.

Then again, it is unquestionably the case, that once in a while—very rarely, indeed, but in a certain per cent. of cases—cancer is a self-limited disease. We have known scirrhus of the breast most distinctly marked in character, and so pronounced by experienced and able surgeons, gradually heal and disappear without other applications than simple cerate and water.

Furthermore, precedent admonishes us that we can and ought to do something more than fold our hands and tell the patient that there is no use doing anything, that the knife is the only means ever successful, and it but rarely. It is a duty we owe to our patient and ourselves to apply some of those applications which have been recommended as curative. We thus prevent him from patronizing impostors, who will use these same applications perhaps with success, and certainly with less judgment.

Of the various local remedies which have

been lauded, arsenic is the best known. It is the base of most of the cancer salves used by charlatans. It, of course, requires to be used with great care, and its results closely watched, but undoubtedly it has effected some remarkable cures. It is usually mixed with flowers of sulphur.

The chlorides, most of which are escharotic when placed on the denuded flesh, have also obtained considerable reputation. Professor Landolfi of Naples, professed to have achieved some remarkable cures by means of the complex paste of various chlorides, which goes by his name. Last year we tested a celebrated "cancer salve," which was alleged to have performed some wonderful cures, and found it to depend for its efficacy on corrosive chloride of mercury. With this were conjoined flowers of sulphur and some vegetable matters. Others again contain caustic alkalies, which are less dangerous in use. Here, for instance, is one recently patented as a "cancer salve," by a Mr. Gamble of Iowa:

"Take ashes of red oak bark, the bark being either in a green or dried state, in quantity, twenty pounds; the ashes of the root known as "bitter sweet," with its bark either green or dry, five pounds; also, of green poke root mashed fine, five pounds. In preparing the compound, take a wooden vessel of suitable size, with perforations at the bottom, being such as is used to run off common ash lye. Into this vessel put about five pounds of the ashes of red oak bark and of bitter sweet, when mixed in the proportions above mentioned; then add five pounds of the mashed poke root, with the remaining portion of the ashes of red oak and bitter sweet. In this mixture add sufficient water to moisten it without dripping. Let the mixture stand twenty-four hours. Then run it off by adding water until the strength of the ashes is exhausted. The extract will now be put in a metal vessel and boiled to the consistency of salve. Put in bottles with ground glass stoppers, and it is ready for use."

We can imagine that this would be an efficient preparation in certain cases.

The employment of acetic acid by hypodermic injections excited considerable attention last year. It was recommended on purely theoretical grounds, and we belive generally failed to give satisfaction when tested. In one instance, however, of recurrent epithelioma of the face, which came under our observation, it effected a positive cure.

In 1863, Dr. Bergeron, in a communication to the French Academy of Medicine, called attention to the value of a saturated solution of chlorate of potash in the treatment of cancroids. His method has lately been tried with some success by Dr Féréol in the hospital St. Louis at Paris. He gives his experience in the January 30th number of the *Bulletin de Thérapeutique*, and sums it up in the following words:

"In conclusion, as far as my experiments permit to decide, dressings with solutions of chlorate of potassa, will be most likely to succeed in cancroids simulating ulcerous acne, or, if the term is preferred, ulcerous cancroid of the skin.

"I add, that both in this and other forms, it is well to use the chlorate, not only in solution, but as an ointment or a powder. If the topical action of the simple powder is too decided, it can easily be moderated by adding sub-nitrate of bismuth or oxide of zinc."

Thus it is easy to see that we are by no means deficient in materials to attack this dreaded disease, and we hold it a duty which the majority of medical men entirely too much neglect to treat it locally and persistently. The pest of cancer doctors would thus be diminished, and the few who now get well under their hands, would be set down to the credit of the profession, while the host who die, would at least be spared much waste of money on scoundrels, and much injudicious and painful treatment.

Notes and Comments.

Punishment of Abortionists.

We are glad to see that some of the vampyres of society are likely to get a share of their just dues. The trial of Dr. G. W. Briggs took place at Providence, R. I., a fortnight since. This, we believe, is the first case that has come to trial under the new statute, which imposes a penalty for the committing of an abortion, of imprisonment in the State Prison of from one to seven years. The testimony of the woman showed that the operation was performed by Dr. Briggs at her own request, her lover, to whom she was then engaged, and was afterward married, accompanying her to the practitioner's office, and paying the bill of $25. Two subsequent operations were necessary before the purpose was accomplished. Upon the body of the child, prematurely born, and born alive, were marks made by the instruments used. The man and woman,

soon after this time, went to a place in the northern part of Vermont, and endeavored to live in concealment, for the purpose of avoiding being used as witnesses in this case. As inducements to this course, the man testified that $50 had been handed him in the street by an unknown man, and also a note for $300. The note was signed "G. W. Briggs," but the genuineness of the signature was not proved before the court. The other evidence presented was that of the physician who was summoned at the inquest, that of the one who attended the woman in her sickness, and that of officer Billings, who made the arrest. The jury, after a short absence from the court-room, returned a verdict of "Guilty."

Cerebro-Spinal Meningitis.

Dr. A. Hurd, of Findlay, Ohio, has seen, during the month of March, as many as eight cases of the above disease. Four of these cases were fatal. The winter had been very healthy, but during the latter part of it pulmonary diseases of various characters had prevailed.

This limited epidemic of "spotted fever" presented all the characteristic signs and symptoms of the disease in its worst form, as described by authors. Nothing new regarding the pathology or treatment was observed.

Criminal Use of Chloroform.

Another one of those marvellous instances of the effect of chloroform, which never happens except out of the sight of doctors, is thus described in a daily paper:

Mrs. C., of Trenton, was in the last car of a train returning from New York, when some man shook a handkerchief impregnated with a pungent smell, over her face, by which she was instantly rendered unconscious. She ran out of the car, after a struggle, and jumped off just as the car was stopping at Rahway, and was running wildly up the track when secured. Her money was taken from her person, and a violent effort was made to pull a heavy gold ring from her finger. Her dress was cut and torn; the bosom and pockets being cut open by the thieves. It is doubtful if she ever recovers from the effects of the chloroform.

We suspect, that if everything were known, it would turn out that the insanity was caused by a much more popular, though less feared, liquid than chloroform.

Chemical Establishments of Philadelphia.

The *Scientific American* says: "The chemical establishments of Philadelphia represent a capital of two and a half millions of dollars, and manufacture much the largest proportion of the best chemicals used in the United States. Some idea of their extent and importance may be derived from the fact that they consume 4400 tuns of sulphur, 1,000,000 lbs. of saltpetre, 3000 tuns of salt, and produce daily of sulphuric acid 150,000 lbs., or over 45,000,000 lbs. every year; of alum, 20,000 lbs. daily; of muriatic acid, 20,000 lbs.; of nitric acid, 10,000 lbs.; of copperas, 15,000 lbs. daily; of nitrate of silver, 150,000 ounces annually, and additionally thereto, a long list of medicinal preparations.

Eye and Ear Hospital in Brooklyn.

A hospital for the gratuitous treatment of diseases of the eye and ear, will be opened at the intersection of Washington and Johnson streets, Brooklyn, near the Post-office on the 15th inst., at 2 P. M. The hospital will be open daily, except Sundays, at 2, P. M., for out-door patients, er for such as may be candidates for admission to its wards.

Medical Department of Washington University Baltimore, Md.

This institution has been liberally endowed by the State of Maryland. About 150 students were in attendance during the last sesssion, and the number of graduates at the commencement recently held were fifty-four.

Omission.

In the March 21st No. of the Reporter, the name of W. L. Hunter of Pennsylvania, was accidentally omitted from the list of graduates of Jefferson Medical College.

On the Production of Sexes.

M. Coste has been led to doubt the truth of the hypothesis propounded by M. Thury, which supposes that every egg passes, during the period of its maturation, through two successive but continuous phases, during each of which it has a different sexual character. If fecundated in the first half, it would be a female; if in the latter, a male. From experiments on fowls, the author shows that the sexes are produced indifferently from eggs taken at the beginning, middle, or end of the laying. With regard to rabbits, M. Coste finds the same irregular results; in fact, altogether a larger number of males were born at the commencement of maturation. M. Thury's law is therefore not applicable to such mammals or to birds. The author is continuing his experiments to determine whether it holds good even in the bovine mammals, which M. Thury made the subject of his investigation.

Correspondence.

DOMESTIC.

Rupture of the Womb.

Editors Medical and Surgical Reporter:

On the 19th inst., I was called to see a poor woman in labor. She was previously in good health, did all her own work, and took care of four children, one of them an idiot of six years, who needed much care. She had been ten hours in labor; the latter part of the time, I was told the pain had been regular and severe, and of the true bearing-down kind. The waters had been discharged six hours previous to my visit. Her four previous labors had been easy and short; two of them without any physician in attendance. Her recoveries had been rapid.

I found the head in the inferior strait, the presentation natural; the pains were very strong and recurred every five minutes; they lasted nearly two minutes. I noticed that the head was large, the bones very solid and unyielding, and no progress was made during the pains. These pains had gone on, probably six or eight hours before I arrived. Still, I had no apprehension of any accident. The pains were evidently no stronger than I had frequently witnessed, where no accident had happened. I had no instruments with me, I could do nothing but wait; expecting, with every pain, the child would be delivered. These violent efforts continued about an hour, when during a very strong effort, a violent pang, different from the ordinary labor pain, was experienced in the left side, near the fundus uteri; the pulse immediately became very feeble, fluttering and intermittent; in a few minutes, vomiting of a yellow watery fluid succeeded, which recurred at intervals of about half an hour while she lived. Stimulants and drinks were not retained, nor any kind of nutriment. The pulse was scarcely perceptible, and became entirely so an hour before death. This took place twenty hours after the accident occurred. She retained her senses perfectly up to the time of dissolution or very near it; she was too weak to converse, except in whispers.

There were no *labor* pains after the accident, but very severe suffering and anguish. The head of the child receded immediately. There was not the slightest *hemorrhage*; which, some writers tell us, *always* takes place; there was a peculiar collapse of the features, and pallor of the face, the respiration was hurried and laborious; the pulse so very rapid and feeble, as not to be counted at any time, after the accident; the extremities and whole surface became cool, and covered with a clammy sweat; there were no *dark-colored* fluid matters vomited, resembling *coffee-grounds*, as are generally present in such cases, but only yellow.

I give the particulars of this case, which go to show that that this severe accident may occur *in natural labors, without any precursory signs, or anything, which may even excite suspicion of what is about to occur.* There was no time after the accident, when the fœtus could have been extracted by the forceps or by ovariotomy,* which would not probably have been instantly followed by the death of the mother. She even fainted on raising her head to give her drinks. I attributed the accident of course to the severity of the labor, on account of the large head, and the unusual ossification of the sutures, which prevented the bones from sliding over each other, as in ordinary cases. The question then occurs, which I would like to see answered by some expert, *does this state of things justify or demand the use of the forceps? Are these proper cases for its use? How long should we wait after the strong pains cease to move the fœtal head before we revert to their use?*

In regard to the ordinary management of such cases, I think there can be no doubt, that *after the accident has happened*, the best plan is, without delay, to deliver with the perforator and crotchet, while pressure is made over the fundus uteri, to prevent the child, meantime, from passing into the peritoneal sac. The opening in the fœtal head being made in the most gentle manner, I do not believe that delivery by the forceps is admissible or even practicable, in any case; I know of no case where a living child has been thus extracted. The child probably dies very speedily after the rupture takes place; and the only object is to save the mother, although Dr. Burns states, that if the placenta be not detached, or, the hemorrhage great, the child may live for hours.

In this case the head filled the lower pelvis, and did not recede sufficiently to introduce the hand. The head, possibly, might have been pushed up, but there was extreme soreness and tenderness over the whole abdomen, so that the slightest pressure caused extreme pain.

At first, the child could not be felt in the peritoneal sac; in a few hours, great tympanitis took place, which prevented any accurate exploration; after death, the air was discharged by

* Probably Cæsarean section is meant.—Eds.

perforating the abdominal walls, when the child could be distinctly traced within the abdominal cavity. L.

[From the statement set forth in the above communication from our correspondent, we do not hesitate to say, that at no time could there be any doubt or hesitancy as to the rule of conduct that should have been pursued in the treatment of the above case. The woman had been pregnant four times, her first three children had been delivered quickly and easily, affording *prima facie* evidence of the perfect freedom of the woman from contractions and deformities of the pelvis, which in some of the recorded cases have been the cause of rupture of the uterus during labor. We regret that further evidence was not furnished by the reporter, by a post-mortem examination, which we infer was had, as the abdomen is stated to have been opened, to serach for the child, as to the appearance of the uterus and pelvis after death, which would have gone far to establish the cause of the unfortunate result in the case. An abnormal thinning, or other pathological condition of the uterine walls, might be supposed, as was found in cases reported by Duparcque, Murphy, and others, but we believe, with Dr. Tyler Smith, that violent uterine contraction alone may, in certain cases, cause the rupture, and particularly when the head is checked at any point in its passage through the pelvic axis. In the case above, the head of the child was arrested "in the inferior strait; the presentation natural; the pains were very strong, and recurred every five minutes; they lasted nearly two minutes. . . . These pains had gone on for six or eight hours" before the physician came.

With these facts of the case the reporter asks, "*Does this state of things justify or demand the use of the forceps? Are these proper cases for its use? How long should we wait after strong pains cease to move the fœtal head before we revert to their use?* Our space does not permit us to enter into a full consideration of these questions, which are discussed in all the text-books on obstetrics, but we unhesitatingly, say that there is no rule better established than the prompt application of the forceps under the circumstances narrated in this case. The practical rule that has been established as to time of applying the forceps in the second stage of labor, is that the head shall have rested as low as the perineum for six hours before the forceps are applied, but the only sure guide in this matter is the influence exercised upon the constitutional powers, which will vary greatly in different females. In one case, on the account of constitutional derangement, the forceps may be called for in two hours; in another case, where there is no such complication, their application may be delayed for twelve or fourteen hours. When the case narrated above was reached, there must have been considerable constitutional disturbance, though this is not specifically mentioned, yet it is inferential, as in one part of the communication the reporter says, "There was extreme soreness and tenderness over the whole abdomen, so that the slightest pressure caused extreme pain." This circumstance, in connection with the fact that the fœtal head had been arrested in the inferior strait for eight hours, and did not move in the slightest degree, ought to have decided the question of the propriety of the application of the forceps in the affirmative.

If the child could have been ascertained to be dead by the stethoscope or other means, and it is almost certainly the fact in most cases similar to the one detailed, with the head impacted in the pelvic cavity under powerful uterine contractions for eight hours, craniotomy would be justified and demanded, even if the child be alive, with the mother sinking, when the forceps could not be applied.

After the uterine rupture had occurred in the above case, the head receded beyond reach, so that the forceps could not be used, as they might and ought to have been had this not taken place. The symptoms of the accident were unmistakeable; the physician was present at the time, and he should immediately have bared his arm, and boldly thrust his hand into the uterine cavity, and even through the rent in the peritoneal sac, reached for and seized the child by the legs, and delivered it *per vias naturales*. If, in the case of delay, the uterus had contracted, or the bowels have protruded

through the rent so as to prevent this manœuvre with the hand, gastrotomy should have been at once performed, with a view of giving a chance for life to the mother; for the child has been always found dead, as in the cases reported by Lambron, Thibault, Hamilton, Labatt, Peu, Clarke, Frizell, and others. In all these cases the mothers recovered. This practice, though condemned by Denman, Burns, and W. Hunter, is most in consonance with experience, as far as this has extended, and is supported by later able obstetricians, as Dewees, Meigs, Churchill, and Hodge.

If left to nature, both mother and child will surely perish; the reported cases, indeed few in number, in which the mother recovered, are very suspicious, and will not bear a severe analysis. They were perhaps cases of some form of extra-uterine fœtation.

In conclusion, we will remark that in regard to the symptoms which the reporter of the case seems to think were not in some particulars sufficiently distinctive, or were at least anomalous, for he says "there was not the *slightest hemorrhage*, which some writers tell us always takes place." Some of the latest authorities on the subject do not agree with the above assertion. Cazeaux states, that "as a general rule, only a small quantity of it (blood) reaches the exterior; while, on the contrary, it is effused abundantly into the belly, along with the amniotic waters and the child's trunk." Churchill remarks, "There is almost always a discharge of blood from the vagina; sometimes slight, at others so considerable as to cause death." Other writers hold language of the same tenor.

Excruciating pain and collapse are the most constant symptoms of uterine rupture.—Eds.]

Medical Missionaries.

The Medical Missionary Society of Edinburgh is engaged in training and sending out physicians as foreign missionaries. Two clergymen from India have lately returned to Edinburgh, and are pursuing a course of medical study, so impressed have they become with the conviction that as surgeons they will have much better opportunities of spreading Gospel truth among the heathen.

An M. D. "Stumped."

What is the disease? And what is the treatment?

Editors Medical and Surgical Reporter:

I have a lady under my charge whom I have treated a long time, and with entire unsuccess—and I thought perhaps I might get some information in regard to the case through the medium of your journal. The history of the case is this:

About five years ago she was confined, and her nipples becoming very sore, she refused to nurse her infant. The consequence was, she suffered for some time from abscess of the breast. In the course of two or three months, her nipples being well, she nourished her child regularly from one breast only; the nipple of the other being counter-sunk to such a degree as to render it useless. From this time until the infant was weaned she became subject to attacks of—"weid." These attacks troubled her every week or two during the whole period of lactation—after which her health became very good, and continued so until her second confinement, when the same disease returned; notwithstanding the child was promptly applied to the breast, and every precaution used to prevent it. While nursing this child she suffered as she did with the first—minus the abscess—and enjoyed good health after weaning. She is now in the eighth month of pregnancy, and while glasses and suction were being used to restore the counter-sunk nipple, her breasts became distended with milk, and an abscess formed—a pretty sure index that she will be visited by her "old spells," when the period of suckling arrives.

The symptoms of these attacks are as follows: Generally, the first indication is a "lump" in the breast; not larger perhaps, than an almond—very hard and painful. Sometimes, with its formation, but generally several hours after, either a chill or chilly sensations come on, and are followed by fever. The skin is hot and dry—the pulse rapid—nausea and vomiting—headache, and extreme nervous derangement—bordering upon hysteria. This condition of things lasts for six or twelve hours, when the fever disappears, and the patient gets up complaining of great weakness—though she is sometimes confined to her bed for several days—and sometimes though rarely, the fever partakes of the nature of an intermittent requiring the use of quinine to put an end to it.

"The "lump," under the influence of stimulating and sorbefacient treatment with poultices, usually disappears in five or six days. It never suppurates, and always appears in that breast from which the child is nourished.

This lady's general health is very good—every organ seeming to be in a healthy condition. No tenderness about the skin on pressure. Her catamenia has appeared only two or three times since her first pregnancy, five years ago. But she seems to suffer no inconvenience from that. This patient is extremely susceptible to atmospheric changes—so that the least exposure to cool or damp air, or the least imprudence in dress, will bring on an attack of this troublesome complaint.

At first, I pronounced the disease "chronic weid," and have placed the patient upon various plans of treatment, but have derived no benefit from any. Recently, I came to the conclusion it was neuralgia of the breast, and with that view have placed her upon iron and quinine; with arsenic, and friction to the skin and surface of the body generally. Again I ask: is this disease "chronic weid,"—"neuralgia of the breast," or neither? And what will effect a cure?

D. C. McCampbell, M.D.

Holly Springs, Marshall Co., Miss.

News and Miscellany.

Embalming.

We referred recently to a new process of embalming, which had been tried with great success in New York city. We give the particulars of the method from the *Scientific American.*

"Profs. Chas. A. Seely and Chas. J. Eames, of New York city, have obtained a patent for the impregnation of dead bodies with carbolic acid, which is said to be superior to the old Egyptian method.

"We apply the antiseptic liquid to the surface of the body, and also, when deemed advisable, we inject it into the stomach and intestinal canal. For the external application we take a solution of the acid in water, or other convenient solvent, and wash the body with it, by means of a sponge or cloth, and when the first washing has been finished, we repeat it one or more times; or, when convenient, we immerse the body in a weak solution of the acid for a short time; or we saturate cloths with a solution of the acid, and then wrap or wind the body in the cloths so saturated, and allow them to remain on the body. The body thus brought in contact with the liquid absorbs it by degrees, and the decomposition of the body is arrested or prevented.

"We have found that in many cases, and especially in cold weather, the external application of the antiseptic is sufficient to prevent change within a few days. But when it is desirable to keep the body for a long time, we inject a small quantity of the antiseptic into the cavities of the chest and the abdomen. We make the injection by the use of a syringe, and at the natural external openings to the cavities. The amount of liquid to be injected should be at least a few ounces, and we find no objection to the use of such a quantity as will distend the cavities. In addition to the applications of the antiseptic, as above described, we sometimes find it useful to place cotton, wool, lint, or cloth, saturated with the acid, in the nostrils and in the ears.

"Our process, when carried out, as above described, is entirely efficient for the preservation of a body during the ordinary interval between death and burial. But, when the process is used as an embalming process, or when there are no objections to making incisions into the body, we prefer to inject the acid into the arteries and veins, or in addition to the ordinary external and internal application of the acid, we inject some of the acid through an opening of the skull into the substance of the brain.

"For a further security against decomposition of the body, and especially when the cloths saturated with the liquid are not kept permanently about the body, we place at the bottom or sides of the coffin, sheets of felt or cloth, or similar fibrous material, which has been saturated or dampened with the antiseptic liquid.

"In combination with carbolic acid, we have used bisulphite of lime and bisulphite of soda, and a solution of sulphurous or acetic acid with advantage. But we are satisfied that carbolic acid is the most active and useful agent for our purpose, and that any addition to it is not essential to success. We have found the use of a mixture of carbolic acid with saw-dust, or other inert granular matter, often advisable in the bottom of the coffin."

A Word to the Wise.

The *Chicago Medical Journal* is responsible for the following: "The introduction of prepared sponge into common use, in the construction of mattrasses, cushions, etc., it is to be hoped will go far toward counteracting the deplorable effects of certain practices, which, according to Prof. H. R. Storer, threatens the future magnitude of the census. Athenæus says it was the ancient practice to put sponges into beds, as incentives to venery. Paulus Ægineta mentions it among the list of aphrodisiacs. The vulgar saying, Poor men for children,' has in it the germ of a profound physiological truth. Infertility is one of the penalties of luxurious living, and absence

of children among the wealthy and fashionable, is by no means an evidence of criminal methods of prevention."

The Destruction of the Gavial a Cause of Periodical Epidemics of Cholera.

One of the recent numbers of the *Cosmos*, a well-known French scientific journal, contains the following lines: "The gavial is a variety of crocodile, which may attain the length of five or six metres. It inhabits the mouth of the Ganges, and feeds on the dead bodies, which, for thousands of years the Brahmins have caused to be thrown into the sacred waters of the Indian river. The British soldiers have waged a terrible war against the providential animal; but, on dying away, the conquered race has bequeathed cholera to us. Such, at least, is the opinion of M. de Bretagne, who has just read, at the Société Protectrice des Animaux, a paper in which he asks authority from the Society to do something for the preservation of this useful amphibious animal."

The Insane in California.

California numbers one insane person to every 600 of its population. By far the largest per cent. of cases is directly traceable to social and secret evils, owing to the absence of family ties and the unbridled license which prevails so largely. The papers declare that insanity is increasing in a greater ratio than the increase of population. Another great cause of lunacy in California is said to be the conflict of land titles and the disappointment resulting therefrom. There is hardly a land-holder in the State who has not had his possessions imperilled by conflicting titles. The quiet and repose of men have been destroyed, passions have been engendered and losses entailed beyond precedent.

To Remove Freckles.

A French Journal recommends the following: Take napthaline, ten parts; biphenate of soda, one part; tincture of benzoin, cologne, each two thousand parts. Mix. A tablespoonful of this is to be added to a glass of cold water, four to eight fluid ounces, and the face then bathed with it every night and morning.

—— Cholera at St. Thomas.—The United States Consul at St. Thomas informs the State Department, under date of 14th March, that the cholera in that island has averaged four or five cases a day since his previous communication of the 4th. Hopes were entertained of its speedy disappearance. But two cases of yellow fever existed.

ARMY AND NAVY NEWS.

List of changes in the Medical Corps of the Navy during the week ending April 11, 1868.

Acting Past Assistant Surgeons W. H. Pierson and George H. Butler, detached from duty on board the iron clads at New Orleans, and placed on waiting orders.

Acting Past Assistant Surgeon, J. W. Sherfy, and Assistant Surgeon W. T. Terry, ordered to duty on board the iron clads at New Orleans.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

Armstrong—McKallip.—On April 2d, at the residence of the bride's father by Rev. J. E. Caruthers, John A. Armstrong, M. D., and Miss A. C. McKallip, all of Leechburg, Va.

Johnson—Leland.—At Taunton, Mass., April 2d, 1868, at the residence of the brother-in-law of the bride, Capt. H. Johnson, Medical Storekeeper, U. S. Army, of Washington, D. C., and Mrs. A. W. Leland, of Bristol, R. I.

Loring—Chouteau.—In St. Louis, April 2d, at St. Malachy's Church, Leonard V. Loring, Assistant Surgeon U. S. Army, and Miss Sophia L., daughter of Pierre S. and Louisa L. Chouteau, of St. Louis.

DIED.

Bridgman.—In West Windsor, Vt., April 6th, Mrs. Laurenda D. Bridgman, wife of the late Dr. Benjamin H. Bridgman, of Grafton, aged 63 years.

Keys.—In this city, April 10, 1868, of membranous croup, Martha, daughter of Dr. R. and Mrs. Kate Olivia Keys, aged 28 months.

McCarrell.—In Hickory, Pa., Feb. 29th, Lulu Blanche, infant daughter of Dr. D. M. and Ada McCarrell, aged 9 months.

Nassau.—At Benita Mission Station, Guinea, West Coast of Africa, of chronic diarrhœa, on Friday, December 13th, 1867, George Paull, aged 17 months, infant son of Dr. R. Hamill and Mary C. Nassau.

Norris.—Of consumption, on the 25th of January, Mrs. Emma Norris, wife of Dr. S. G. Norris, of Ottawa, Kansas, aged 30 years.

Smith.—In New York, on the 11th inst., Eva, second daughter of Dr. Stephen and Lucie E. Smith, and granddaughter of the Hon. E. D. Culver, aged 5 years.

[Thus within a little more than a month, has Dr. Smith been twice bereaved of children. We know how to sympathize with him fully in his affliction. "A point of time—a moment's space,"—is all that separates us from these loved ones.—Ed.]

Stieren.—March 27th, 1868, at his residence near Natrona, Alleghany co., Pa., very suddenly, of congestion of the lungs, Dr. Edward Stieren, an eminent chemist, in the 66th year of his age.

Potter.—In Cincinnati, April 5th, Dr. Joseph F. Potter, aged 59 years.

METEOROLOGY.

March,	30,	31.	A. 1,	2,	3,	4,	5.
Wind	E.	N. E.	N. W.	W.	N. W.	N. W	N. W.
Weather	Cl'dy.	Clear.	Clear.	Clear. Sh'r.	Clear.	Cl'dy. w. f. s. & s. 1-10	Cl'dy. High Wind
Depth Rain							
Thermometer.							
Minimum	28°	35°	34°	46°	27°	29°	29°
At 8, A. M.	35	45	54	54	40	42	31
At 12, M.	43	59	64	64	50	53	34
At 3, P. M.	47	63	70	50	51	54	35
Mean	38 25	50.50	55.50	53.50	42.	44.50	32 25
Barometer.							
At 12, M.	30.4	30.	29.9	29.9	30.	29.8	30.1

Germantown, Pa. B. J. Leedom.

THE

MEDICAL AND SURGICAL REPORTER.

No. 582] PHILADELPHIA, APRIL 25, 1868. [Vol. XVIII.—No. 17.

Original Department.

Communications.

ANEURISM AND ITS SEQUELÆ.

(Case noted in vol. 17, No. 13 of Med & Surg. Reporter.)

By Samuel Page, M. D,

Of California.

I will add in continuation of said case, that this chilano continued his visits to my office for two months, the tumor on the right side of the chest did not appear to increase. Toward his last visits, I saw there was a great change in his countenance, which indicated that disease was making inroads upon his constitution, yet he complained but little; his cough which was nearly gone, commenced in some degree again, and considerable pain was experienced under the superior third of the sternum. When he visited me, I took occasion to press the tumor as long as one or two minutes, or as long as he could bear it without producing violent coughing, the object being to produce a slight obstruction, if possible, to form a nucleus for the eventual blocking up of the tumor with fibrin.

In September he became a county charge, where he remained up to the time of his decease.

12, M. November 6, 1867. From sometime previous, and also while he was in the hospital, I did not see him. A few hours after death, I examined the tumor, and found it hard and only about one-third its former size; of his treatment while in the hospital I am not advised. I was informed that he kept his appetite up to two or three days of his death. His principle suffering a week or two before his demise was great dispnœa. He was lying upon his back when he died.

Autopsy made about twenty-two hours after death. Found on the right side of the chest the necrosis of first and second ribs, also of the superior third of the sternum on the posterior surface. The first rib was separated, about two inches from the sternal end, and the posterior and superior lateral surface of the second rib was worn away one-half. On account of the right clavicle yielding, the tumor had not worn upon it. Between the two ribs named, a tumor filled with layers of fibrin protruded, originating from the aorta at the point where the arteria innominata arises. The tumor projected laterally about six inches toward the right shoulder, its diameter at origin three inches, about midway, ten inches in circumference. The length of descending aorta from the tumor to the origin of the coronary arteries, was two and one-half inches. Arteria innominata three-fourths of an inch in length. Heart at base nine and one-half inches in circumference, length about three and one-half inches. A mass of fibrin came from the distal extremity of the tumor. The right lung was hepatized in inferior part, and middle and superior portion filled with abscesses, and the *pericardium was filled with serum* and clots were pressed out of the heart.

Remarks. To agree with the autopsy, my former communication should be entitled, Aneurism of the aorta at the point where the arteria innominata arises, involving more of the former than the latter. Your editorial note on the case ("*i. e.*, ligating the distal extremity, or obliterate the artery by simple or compound acupressure,") if carried out in this instance, could not have saved our patient; we find that nature aided the mechanical and medical means employed, viz., pressure and the use of digitalis and veratri vir., in doses which produced frequent emesis, or the pathological condition of effusion into the pericardium, thereby impeding the action of the heart so much so that coagulation or deposit of fibrin occurred in the tumor to its entire

filling up of successive layers of fibrin, about one-sixteenth of an inch thick, thus precluding death from rupture of the aneurismal sac. Was the pathological condition, or the remedial means used, the cause of the filling of the aneurismal sac?

There is but little doubt but the presence of the large aneurismal sac within the walls of the chest, was the indirect cause of our patient's death, from the irritation it produced, and consequent inflammation of the lung, and the involving of the pericardium, and consequent effusion into the heart sac, thus impeding the heart's action and ultimate loss of vital power.

A GLANCE AT THE BRITISH ISLANDS, FRANCE, AND AMERICA,

Ethnological, Climatic, and General, etc.

By Edwin R. Maxson, M.D.,
Of Philadelphia.

(Continued from page 324.)

England and the English.

England, lying between Scotland and the English Channel north and south; and bounded east by the North sea; and on the west by the Atlantic, Irish Sea, and Irish Channel; being from four to five hundred miles in extent, north and south, and nearly half that distance east and west, is a rich and beautiful country, having numerous small rivers and slight elevations, but not enough to break the general even appearance of the country.

The fertility of the soil, the mildness of the climate, and its level surface, together with its high state of cultivation, conspire to make England one of the richest agricultural countries I have ever seen; and especially, considering the centuries of time it has been under cultivation.

The *climate*, though mild in winter, on account of its oceanic surroundings, is for the same and other reasons, coolish in summer, and somewhat humid, predisposing to scrofulous, tuberculous, and other kindred affections. And while its atmosphere doubtless also predisposes to a typhous tendency in disease; *paludal* affections are scarcely known; the system of drainage having removed the sources for the generation of marsh-miasm, if they ever existed; and though its level surface, as well as its surroundings, may render England more or less subject to high winds; the extremes of temperature, are not as great as in most countries of its latitude.

Its *productions* are wheat, rye, barley, oats, peas, beans, hops, roots, etc., besides furnishing excellent meadow, and the finest pasture I have ever seen, thus supporting a dense population, and supplying food for an immense herd of very fine sheep, cattle, and other domestic animals. In fact, the vast number of sheep is really astonishing, especially along the eastern portion of the island, bordering on the North Sea.

The fields are beautifully surrounded and divided by *hedge*, which, being generally kept in a fine condition, gives the whole face of the country a very pleasant appearance; in some places, as about London, appearing not unlike a beautiful and extensive garden, being covered, in the season for them, with fruit and vegetables in abundance.

If we except the mountains of Wales, however, England has not that *variety* of surface and scenery, which is calculated to inspire the beholder with awe, as does the varied scenery of Scotland, with its hills, vales, mountains, lakes, etc. In fact, nature appears to have formed this pleasant country, with a view to awaken in the beholder, admiration, not awe—to cause the mind to run out in gratitude to the Creator, for its vast richness; rather than to excite those stronger emotions, leading to daring deeds, so naturally aroused by more wild romantic scenery. And, it really appears to me, that the mind that can contemplate this beautiful country, without having awakened feelings of high admiration, and also gratitude to the Creator, must be defective, morally, if not intellectually.

Chief Towns.

England has a large number of towns or cities, the most important of which are London and Liverpool; the former in the south-eastern, and the latter in the north-western part, both of which may admit of a brief description, as we pass along, as better illustrat-

ing the peculiarities of English towns than any others.

London, situated on the river Thames, about sixty miles from the North Sea, is one of the oldest cities of England, having been a considerable town of the ancient Britons, long before the Roman invasion; and for several centuries before the Christian era. Commencing thus early, it has been the scene of many conflicts, during the Roman, Anglo-Saxon, Danish and Norman invasions and conquests, having been marred but not destroyed, amidst the clash of arms and the wreck of empires.

Thus increasing steadily, during more than twenty centuries; it has now an area of near one hundred square miles, and a population of about three millions of inhabitants. And, notwithstanding its damp and smoky atmosphere, and exterior, generally, London has a mine of wealth; many magnificent public and private buildings, and fine parks, churches, monuments, bridges, hospitals, etc., calculated to interest the thoughful, and to inculcate an appreciation of whatever is of substantial utility, in science, arts, religion, etc.

The *site* of London is quite level, occupying both sides of the Thames. And the chief objects of interest are, the Houses of Parliament, St. Paul's Cathedral, Buckingham Palace, the Tower of London, Westminster Chapel and Abbey, and the various bridges, hospitals, museums, etc., too numerous to mention. The Hunter Museum is the largest by far, that I have ever seen, and I believe it is the largest in the world.

The city, being divided by the River Thames, has the appearance of a mighty village. In fact, it has really been formed by the connecting of numerous small towns gradually extending till they have met; the dwellings, being many of them small, contrasting strangely with the magnificent buildings and structures already referred to, as well as others too numerous to mention.

Finally, London is a great commercial city, its docks extending several miles along the Thames, the peaceful bosom of which bears the mighty ships of every sea and navigable river in the whole habitable globe. And, though the atmosphere of London is damp, retaining much of the smoke, which, hanging over the city, often gives it a dark and gloomy appearance; and also predisposes its inhabitants to the diseases common to the British Islands, already referred to; I was astonished at the apparent degree of health enjoyed by its people. They take, however, good, plain, substantial, nourishing food, and generally with regularity; as beef, mutton, bread, eggs, milk, etc.; all tending to counteract the depressing effect of a humid smoky atmosphere, saturated, more or less, of course, with *animal miasms*, the *paludal* having scarcely an existence there.

The *suburban towns* and objects of interest about London are very numerous; among which are, the Crystal Palace, near Sydenham, about seven miles south of the city, constructed at a cost of one million five hundred thousand pounds sterling, containing much to interest, with its gardens, parks, fountains, etc. Down the Thames are, Greenwich, with its Hospital, Park of two hundred acres, and Royal Observatory, founded by George III. for the promotion of astronomical science; Woolwich, etc. Up the river, again, are Kew, with its Botanic Garden and Palm-House, sixty feet high; Richmond, nine miles up, with its beautiful terraced hills; Hampton, thirteen miles, with its fine *Green*, and graced by Hampton Court Palace, situated in a garden near the Thames; and, finally, Windsor, twenty-two miles above the city, having a fine elevation, upon which stand Windsor Palace and Castle, from the *tower* of which may be seen St. George's Chapel, where Her Majesty, the Queen, attends service when there, and also a small church eleven hundred years old, the Royal Walk, three miles long, at the end of which stands the statue of George III., the Royal Park, where repose the remains of Prince Albert, the site of the oak where King John signed the Magna Charta, Admiral Penn's old residence, the site of Anne Page's house, and other places referred to in Shakespeare's "Merry Wives of Windsor," as the site of Herne's Oak, of Falstaff notoriety, and the place near by in the Thames, where that dignitary is represented

as having got his unceremonious *bath*, all so graphically set forth by the great poet; all places and objects well repaying an attentive observation, on account of their intrinsic beauty as well as historic interest.

All the above towns and situations, except one or two down the Thames, are clean, airy, and delightful, and well calculated to promote health, as well as to enliven the intellectual and improve the moral powers of the inhabitants and beholder. But I must leave this mighty old city and its surroundings, and pass on to a consideration of Liverpool, which is situated on the Irish Sea, in the northwest part of England, as is well known.

Liverpool is a great commercial town, having a rapidly increasing population of near two hundred thousand; its *Docks* being on a large scale and very fine. This city is on an eminence, and admirably calculated, from all its surroundings, for a great commercial town. It has many fine buildings, and may yet become a mighty city, somewhat American in its character, as it really is already, on account, in part, of the immense amount of American shipping and number of American seaman constantly there.

Liverpool has an Infirmary, accommodating several hundred patients, and its poor are as well cared for, probably, as in most other cities of its size, if we except perhaps London, with its hospital accommodations for many thousand patients, admirably arranged and conducted. The somewhat elevated site of Liverpool, together with its position by the sea, making it more or less liable to winds, may account for its less foggy and smoky atmosphere than that of London. Its atmosphere, however, is more or less *humid*, which, together with the *animal miasm* necessarily generated to some extent in a crowded commercial town, may account for the fact, which was quite apparent to me, that Liverpool is more predisposed to low putrid disease than London. *Paludal* diseases are not, I think, endemic there to any considerable extent; if they even prevail at all, except imported cases.

But I must leave the consideration of England with its chief towns, and pass on to notice its inhabitants.

The English People.

The English are evidently descendants of the same original Celtic stock as the Scotch; but much more modified by the mingling of the Roman, Anglo-Saxon, and Norman blood than they; with less of the Danish or Scandinavian; the country having been invaded, and either partially or entirely subdued, in turn, by the Romans, Germans or Saxons, the the Danes or Norwegians, and finally by the Normans of France; mingling more extensively, however, with the ancient Celtic stock, the Roman, Saxon, and Norman blood, than others, as would appear.

The English people, then, thus originating and modified, have emerged from a state of semi-barbarism, during the past twenty centuries, under circumstances of a varied character, their rich fertile country having been the object for invasion by the surrounding nations, or people, more civilized, in some instances, than themselves; thus directly causing their customs, manners, and even religion, to be greatly modified, in some instances, and especially their language.

The Anglo-Saxon race, then, thus springing up in the English character, inhabiting a delightful, rich, and fertile region, have emerged from a state of semi-barbarism to their present condition of civilization, influenced by less romantic, but perhaps a greater number of extrinsic circumstances, than those that surrounded and influenced the Scotch. These circumstances, together with the greater mingling of the Roman, Saxon and Norman blood, with perhaps less of the Danish or Scandinavian than the Scotch, together with the difference of position, climate, etc., must account for the difference between the English and Scotch of the present day.

The English people, thus favorably situated, and quite powerful, when compared with the Scotch and Irish, may possibly have a more lofty disposition; in some instances, perhaps, tending to excess. And this is just what might be expected to remain with any people, in their transition from semi-barbarism

to civilization, under such circumstances; and, especially, as civilization is the work of circumstances. And if the English do retain an undue degree of a lofty spirit, it is because that element of their earlier civilization has not been thoroughly eradicated by the circumstances with which they have been surrounded. The former system of education, too, in England, together with the law of primogeniture, confining the wealth and education, more especially to the few, to the neglect of the masses, may have hindered, in some degree, its eradication.

With this slight defect, if it may be regarded as such, in English civilization, for which, as we have seen, they are in nowise responsible, the English are a noble, generous, kind, benevolent, sober, thinking, and decidedly intellectual people; doing much for the elevation of humanity, and the spread of Christianity throughout the world; speaking a *language*, that, when properly modified, enriched, and refined, may yet become the language of the whole civilized world, on account, in part, of their extensive commercial relations, together with that of their descendants of this vast Continent, embracing the inhabitants of the British possessions in America, and of the United States.

It is probable that the noble characteristics of the English; physical, intellectual, and moral; may have been owing, in a very great degree, to the mingling of blood in their constitutions, as well as to the modification of their manners, customs, religion, etc, growing out of this mingling of the different nationalities out of which they have grown; to which may also be added their favorable position for commercial, and other relations.

But I must proceed to a consideration, as we pass, of the Western portion of this Island and its inhabitants

[To be continued.]

—— Baron Larrey.—This worthy son of an illustrious father has just been elected a member of the Academy of Sciences of Paris, in the place of the late Civiale. The medical press are unanimous in hailing this election as a fit reward for indefatigable industry, and the distinguished manner in which Baron Larrey has upheld the lustre of a great name.

DISLOCATION OF THE SHOULDER OF NINETY-TWO DAYS DURATION, REDUCED BY MANIPULATION.

By J. M. Boisnot, M. D.,

Of Philadelpha.

On September 10th, 1867, Mr. B., æt. 30, came into my office with an injury of his right shoulder joint, which he said had been produced by tripping against one of the ordinary iron boxes or wash paves of our streets. He had fallen upon his hands, and the efforts made to prevent this, added to his natural weight of 180 lbs. served to produce the condition herein described.

It is necessary to state here that the date of this visit was *thirteen weeks* subsequent to the receipt of the primary injury; he had consulted a physician, obeyed his instructions for the treatment of what he called "*a bad sprain, with fracture of one of the little bones*," and had even attempted to use the arm when some of the pain had subsided in order "to get rid of the stiffness."

My examination of the case showed a difference in the shape of the two shoulders, the injured having lost the roundness, so prominent a feature in the natural condition, presenting instead a slight elevation in front and beneath the outer third of the clavicle; the motions of the arm very few, imperfect, and attended by pain.

I diagnosed this condition as luxation of the humerus forward, and told him my further examination and treatment would be attended to on the following day, when I could place him under the influence of ether.

Sept. 11th, 1867, my friends Dr. Wm. M. Turner, and Dr. Thos. G. Morton, having examined the case, and agreeing with me as to its nature, gave me their assistance in the work of reduction.

Ether, (the safest and best anæsthetic) was used, and upon total relaxation, the body was held firmly, and the arm so rotated by manipulation that the attachments formed were broken up, and the head of the humerus restored to the glenoid cavity, from which it had been absent just 92 days. The subsequent treatment consisted in keeping the elbow well

in toward the middle line of the body, and supporting the head of the humerus in its natural position; for these purposes I applied the apparatus which I devised some time ago, for the treatment of fracture of the clavicle.

October 28th, 1867, he was discharged well, and with ability to use the arm freely and without pain; at this writing, March 17th, 1868, he has perfect use and condition of the arm. This case is another plea for careful examination of patients who have received injuries, in order that a correct diagnosis may be made, without which, treatment becomes mere guess work; it shows that difficult and long standing dislocations of the shoulder joint may be reduced by manipulation; and lastly, as a matter of no slight importance, the necessity of proper after-treatment in the matter of rest and support, the appliances for which receiving as much attention in their adjustment, as those employed in cases of fracture.

Editorial Department.

Periscope.

Radical Cure of Hernia.

Dr. Benjamin Howard reports to the *N. Y. Medical Journal*, two cases in which he employed Mr. Wood's method for the radical cure of hernia. He says:

"July 18, 1866, I performed this operation upon Timothy Sullivan, a healthy laborer, aged 25, for an oblique inguinal hernia of the left side, its first occurrence dating back about two years prior to the operation.

"Although the hernia was not large, its inconvenience was such as to render the patient anxious for the operation. With the assistance of Dr. Hackley, of the New York City Hospital, and others, the patient was etherized, and the operation performed; the needle and wire, with the use of which I had become somewhat familiar through the frequent kindness of its author, were brought from the maker employed by himself. No obstacle was encountered in the steps of the operation, but when about transfixing the fascia in front of the cord, I felt a little undecided which of the two methods of doing it described by Mr. Wood to adopt. The first is as follows: 'The sac of the hernia and the fascia covering it opposite the scrotal aperture is then pinched up between the finger and thumb, and the spermatic cord is slipped back from their grasp, from without inward and a little upward in the direction of the incision across the scrotum, close to and in front of the spermatic cord; a slight twist given to the point of the needle will enable it to take up all the structures which lie in front of the spermatic cord, and at the same time to enter and emerge entirely within the limits of the scrotal incision.'*

"The other method is: 'In still smaller cases, wherein the sac does not descend much beyond the external ring, the last step of transfixing the fascia must be performed nearer to the insertion of the pillars of the ring. In accomplishing this manœuvre, the needle may also be made to take up a portion of the pillars themselves close to their respective insertions on the inside of the spermatic cord. The crest of the pubis will afford a good guide and protection to the deeper parts, the point of the needle being made to slide close to the bone.'†

"As this case corresponded to the class last mentioned, the transfixion was effected as therein directed, care being taken to make the point of the needle 'slide close to the bone.'

"The wire was now in situ, crossing itself and transfixing the parts as the operation requires, the free dependent ends were twisted upon each other, and all was ready for permanent invagination.

"It was here I encountered the difficulty I had feared might arise; the fixation of the parts effected by making the 'wire slide close to the bone,' and 'take up also a portion of the pillars themselves close to their insertions,' arrested the progress of invagination, making its completion impossible, and the last attachment of the wire could not be drawn up into the canal so as to plug it throughout its course.

"This is the point to which I would call the attention of those contemplating this operation, and in order that they may be spared the same difficulty encountered by myself, I would advise adoption of the first of the two methods above described, in transfixing the sac or the scrotal tissue in front of the cord.

"Though strongly inclined to withdraw them, the wires were left as placed. The operation was completed, and the wound dressed in the usual manner.

"Between the second and fourth days there was more local inflammation and general dis-

* Vide Wood on Rupture, page 100.
† Vide Wood on Rupture, page 112.

turbance than I had observed in any of Mr. Wood's cases in King's College Hospital. This was doubtless largely owing, however, to the circumstances; the patient being confined in a small apartment, having a temperature at midday of 102° Fahrenheit for several days in succession, and swarming with flies and mosquitoes.

"As the patient insisted that the presence of the wires was the sole source of all his discomfort, I yielded to his importunity, and removed them on the fourth instead of about the tenth day after the operation.

"I regretted this circumstance very much, fearing it would deprive this, the first operation of its kind in this city, of its chief advantages. In this regard, however, the results disappointed my apprehensions.

"After the removal of the wire there was considerable suppuration and tenderness, both of which daily diminished, so that at the end of two weeks the patient began to come to my office; the wound was nearly healed, his general health and spirits were good, and he felt great confidence in the success of the operation.

"He called again six weeks after the operation, and stated that he had been at work at *coal-heaving*. I tested the parts thoroughly, but could procure no sign of impulse; the course of the canal felt as if occupied throughout by a hard cord.

"Sept. 21, I again saw the patient, when he expressed great gratitude for what he regarded as a sound and radical cure.

"The patient soon after left the city, since which I have been unable to obtain further information about the case.

"Although what I have described as an impediment in the operating did not prevent complete success as far as the history of the case is known, I deem it worth while to state these particulars, as I apprehend the same difficulties may occur to others, tending to embarrass, if not to discourage them in the prosecution of this very rational and promising mode of treatment. To those who are inexperienced in this operation, then, I suggest selection of the first of the two methods described as above for transfixaton of the scrotal fascia, or the sac, in front of the cord, because thereby *the inviganation is more easy and complete, the operation more satisfactory, and the cure is likely to be more sound.*"

—— The General Hospital of Birmingham, Eng., has just received the handsome gift of fifty thousand dollars from a gentleman of that city, who refuses to have his name published.

Case of a Monster.

Dr. W. J. Mitchell, of Alabama, writes as follows to the *Richmond Medical Journal:*

"I was called on the 28th day of November last, at 4 o'clock in the morning, to visit a woman, aged 23 years. On my arrival, which was soon after 4 o'clock in the morning, I found this woman in labor with her third child, and her pains short and frequent, which continued to be the case until 11 o'clock the same night, when she was delivered of a still-born female child, which had the appearance of coming at full time, and weighed eight and a half pounds.

"From all the evidences before me, I was led to the conclusion, that this child perished previous to the commencement of the labor; no motion of the child was felt during the labor; the cuticle was detached in several places, and was very easily removed with the finger.

"This child had two perfectly formed, and fully developed heads, and necks, coming out from what seemed to be a single body, and shoulders. The heads, faces, with the eyes, nose, ears, and mouth, were all perfect in each one, with a full coating of hair on each head, and longer than usual for a child at birth.

"The necks of this monster, came out from the shoulders at equal distance from the centre, as well as from the point of each shoulder, the faces both looking to the front in a natural manner; the necks were rather close to each other to admit the heads being held perfectly erect, but nearly so.

"This child had but two arms, which were well formed, not the slightest deformity; the spinal column was found double in its entire length; the two os-cocyges perfectly formed, and distinct from each other; the pelvis was so welded together as to present the appearance of a single pelvis.

"The chest of this child was perfectly formed in front and laterally, but the back presented plainly the marks of two spinal columns, which showed the spinous processes very plain through the integuments.

"In the centre, between the two scapulæ, I found, under the skin, another scapula entirely disarticulated, and the same anomaly was found between the two clavicles in front, at the top of the chest. The abdomen, in front, was perfectly formed, and so with the lower extremities, which were as perfect as any child I have seen.

"The *post-mortem* in this case, revealed two pairs of lungs, two distinct hearts, which lay side by side in a natural position, and perfect in

all its parts, except the two auricles in front, and on the inner side of each heart were found united, forming one receptacle, and uniting the hearts together at this point.

"The æsophagus was duplicated, but united and entered the stomach at the same point, and at the natural place. The ribs forming the chest laterally and in front with the sternum, were all natural and perfect, but another set of ribs came out from each spinal column, on each inner side, uniting in the centre, varying in length to accommodate themselves to the difference in the distances between the two spines, thereby completing perfectly the posterior walls of the chest.

"The abdominal cavity presented nothing remarkable, except the union of the two aortæ just below the diaphragm, and running down between the two spines.

"The genital organs were as pefect as could be, and as would be expected, single.

"In the conclusion of this hastily written letter I have only to say, that this child is in a state of preservation, and can be seen by those who desire to do so."

The Artificial Induction of Abortion.

The celebrated Professor Scanzoni of Vienna, in the January number of the *Vierteljahrschrift für die Praktische Heilkunde*, states his views on this operation as follows:

"The production of abortion was first recommended as a legitimate operation by the English obstetricians Cooper, Hull, Barlow, Burns, and Blundel, although at first it was accused of being immoral and illegal. The merit of its introduction into Germany, in the face of much opposition, is due to Dr. Kiwisch, who first directed attention to its importance.

"It was objected to the operation that the obstetrician is never justified in disturbing the natural course of pregnancy, and destroying the life of an individual to save the life of another, especially when it was uncertain whether by so doing he could place the mother out of danger, and whether nature itself would not in time expel the fœtus, if it was necessary. To this it may be replied, that it is not right to spare a life when one can with the greatest probability assume that sooner or later it must itself perish, and cause the destruction of another at the same time. It is true, that we can never predict with certainty the effect of an artificial abortion on the mother; but it is just as true that it is unjustifiable to renounce a means which, after careful consideration and numerous precedents, presents itself as the only one which in a given case can restore health. So far as the objection is concerned, that we can never absolutely say that the *vis medicatrix naturæ* is insufficient to overcome the disease, we may answer, that a skilful, experienced physician can, in the majority of cases, pronounce with the greatest probability—and this is all that can be asked in fulfilling an indication—whether or no the life of the mother can be saved without sacrificing the fœtus. Those who wholly reject the operation, are just as far from the right course as are those who recommend it for every trifling indisposition of the pregnant woman.

"The propriety of the operation, therefore, cannot be denied, and the less so as obstetrical literature furnishes many instances where it has been applied with the most brilliant success. Moreover, it is an imitation of a natural mode of cure, for it is by no means uncommon to see both acute and chronic diseases rapidly disappear after a spontaneous abortion. This Professor Scanzoni has repeatedly observed in pneumonia, pericarditis, pleuritis, peritonitis, typhus, dropsy, valvular disease of the heart, Bright's disease of the kidneys, etc.

"The indications for the operation are not yet absolutely fixed, but in general terms it may be said that it is called for when any anomalies of pregnancy take place which threaten the life of the woman, and of course that of the child, and which do not yield to milder and less active treatment, and which in all likelihood will be removed by the operation.

"The following instances come within this rule: 1. Uterine diseases, namely (a) total retroversion when it cannot be replaced, and inflammation of the bladder, uterus, etc., arise, and threaten the existence of the patient; (b) a marked depression or anterversion of the uterus, causing compression and inflammation of the bladder and rectum, and when all means are found unsuccessful to retain it in position; (c) when dangerous metrorrhagia takes place, endangering the life of the woman, and which cannot be checked by the usual means; (d) when fibrous tumors press upon the uterus, or impede the pelvic canal to such an extent that a living child could not pass; (d) when extensive carcinoma uteri is present, as this condition is usually fatal at full term; (e) when violent inflammation of the uterus, either primary or secondary, is present. 2. Ovarian cysts do not indicate the operation, as they can be tapped, but solid ovarian tumors when they bear forcibly upon the uterus often demand it. 3. Constriction of the vagina, whether congenital or acquired, when to a marked extent. 4. Strangulated irreducible hernias. 5. Vomiting which cannot be con-

trolled by ordinary means, and endangers the life of the mother. 6. Asthmatic attacks, dependent upon hypertrophy of the heart or large goitres, and extensive pneumonia, seemingly promising a fatal termination, have been brought to a favorable conclusion by artificial abortion. 7. The same is true of congestive and apoplectic cerebral seizures. In eklampsia, the operation is only allowable when the attacks do not yield to the usual remedies, but rather increase in severity. 8. Dropsical accumulations in the serous cavities indicate the operation only when they imperil the life of the woman. 9. When an extra uterine pregnancy can be surely diagnosed, the sack should be opened by a trocar and the fluid drawn off. 10. Finally, when a constricted bony canal of the pelvis will not permit a living child to pass, the operation is to be recommended, provided that the woman prefers it to the Cæsarean section at term."

Concerning the time when the operation should be performed, this is in many cases not a matter of choice. When it is, the first two months of pregnancy should be preferred on account of the less danger from hemorrhage.

"For the operation itself, Prof. Scanzoni prefers the common uterine sound, which he introduces into the cervix and pierces the membranes. When he cannot introduce it owing to a faulty confirmation of the cervix or vagina, or when the ovum is not in the uterine cavity, he uses the trocar either from the rectum or vagina, emptying the waters through it, and allows the fœtus to be expelled by the natural force of the contractions."

Paralysis of Soft Palate from Bromide of Potassium.

In a discussion on the employment of bromide of potassium in epilepsy, in the Society of Practical Medicine at Paris, reported in *l'Union Médicale*, M. Mesnet referred to this symptom as an evidence that saturation of the system by the drug had been reached. He commences by giving some 20 to 40 grs. during the day, increasing the dose. He says, "we soon obtain certain effects, which indicate that we must not push it further. The mucous membrane of the pharynx and of the veil of the palate becomes insensible. The finger passed over these parts excites no muscular contraction. There is no effort at vomiting or sneezing, and no lachrymation. The drug then ought to exercise its curative action." He also gives a case in which this paralysis was produced after gradual increase of the dose to 130 grs. per diem.

As this statement seems to have excited no comment from the other gentlemen who took part in the discussion, it would appear as if the symptom was not new to them. Certainly this salt has been given, not infrequently, in still larger doses in this country, and we do not remember ever to have seen any such result of its administration reported.—*Boston Med. and Surg. Journal.*

Hemorrhoids.

Dr. A. E. Hull, of N. Y., praises the following local application in this distressing complaint:

℞. Manna, ℥iij.

Dissolve in boiling water, q. s., so that upon cooling it will be about the consistence of thick cream: to this add sulphur, ʒiiss., previously triturated in a mortar with mercury, q. s., to give the sulphur the color of gunpowder. (The mercury will entirely disappear from the trituration.) Mix the sulphur with the manna; then add rhei pulvis, q. s., to make mass, and divide into balls about the size of rifle bullets. Roll in rhei pulvis, and set away to harden. One of the balls, previously dipped in olive oil, may be introduced up the rectum every night, or every other night, as the case may be.

A Strange Skin Disease.

Professor Roth gives an instance of a strange affection of the skin in a recent number of Virchow's *Archiv für Pathologie und Medicin.*

"A sixteen year old peasant boy suffered, according to his own account, almost daily from epistaxis, and 'wherever anybody touched him mushrooms grew.' He was well developed, fresh and healthy in appearance, though having something delicate and effeminate both in looks and demeanor. All his organs were sound, and except epistaxis, he seemed to suffer no inconvenience. A peculiarity of his skin was that wherever it was pressed, at once weals arose. This was so constantly the case, that when one described letters on his skin with the end of the finger, they at once stood out in bold relief. If a blunt instrument was used, as a slate pencil, after about half a minute the writing appeared red, but soon changed to white, and after two or three minutes stood boldly out with every line and stroke as distinct as the most skilful sculptor could chisel it in marble. The elevations remained about thirty or forty minutes, when they gradually sank, and the skin resumed its natural appearance. When they appeared, the temperature of the implicated skin rose 1° Reamur.

They resembled precisely the weals of urticaria, and when pricked with a needle, exuded a small drop of serum. This was in 1863. In 1865 the same boy appeared in the hospital with a fibrous tumor of the neck, and again in 1866, with a bronchial catarrh. The same peculiarity remained. A thermo-multiplier showed an increased temperature of 1½—2½ cent. The epistaxis lead to the suspicion of a *morbus maculosus Werlhoffii.*

Mortality After Amputation of the Thigh.

M. Hussan, in publishing the statistics of the hospitals of Paris, embracing the returns of 100,000 patients, gives the following results of amputation of the thigh: In 1861, forty-two amputations, and only seven recoveries; a mortality of 83.33 per cent. In 1862, forty amputations, and nineteen recoveries; a mortality of 52.50 per cent. In 1863, forty amputations, and fifteen recoveries; a mortality of 62.50 per cent. Average mortality for three years, 66.11 per cent., or forty-one recoveries in one hundred and twenty-two operations.—*Med. Gazette.*

An American Dentist Abroad.

Dr. Schlesinger, in a recent number of the *Wiener Medizinische Wochenschrift*, gives the following not altogether flattering notice of one of our countrymen who has gained a great reputation in the dental specialty:

"Dr. Th. W. Evans, one of the delegates of the North American Sanitary Commission, is a dentist in Paris. His income is estimated by many at 400,000, by many at 300,000, by none at less than 200,000 francs. He publishes many thick books on international sanitary topics, all dedicated to various royal patrons; collects an immense museum of sanitary articles; visits all celebrated battle fields on both sides of the ocean; and is especially a traveller for orders. For as there are travellers for dry goods, produce, and so forth, so there are some for orders too.

"For how many orders can one get at home? If one has luck and inserts ever so good teeth, not at most more than three or four. In foreign lands they can be got much cheaper and easier. Therefore, Dr. Evans, year in and year out, travels for orders; though to be sure this might be considered somewhat ridiculous in the son of the free republic.

"It is said that one out of 556 Frenchmen receives the cordon of the Legion of Honor, but I am persuaded that Dr. Evans alone has 556 orders. He sparkles, and gleams, and glistens like an Italian sky at midnight."

It is not the first time that this *penchant* of Dr. Evans has been the subject of sarcastic allusion.

Reviews and Book Notices.

NOTES ON BOOKS.

Dr. A. J. Stone, of Boston, has recently published an article on the use of bromide of potassium in preventing the nausea and vomiting arising from the administration of ether. It contains many interesting cases, and shows very satisfactorily the efficacy of the means recommended.

From the same direction comes an "Address at the Commencement of the Medical School of Harvard University, March 11th, 1868. By Samuel Elliot." It was printed at the request of the class, by the well-known publishers, David Clapp & Son. It is a pleasant souvenir for the students to take to their homes. The remarks of the author on the mania for starting feeble and poorly endowed medical colleges all over the country, are very judicious and timely.

We omitted to state in our last issue, that the agency for the "*Revista Medico-Quirurgica y Dentistica*" of Drs. Wilson and Gonzalez, in the United States, is Dr. John Howe, 311 West Seventeenth Street, New York.

Odontalgia, Commonly Called Toothache; Its Causes, Prevention, and Cure. By S. Parsons Shaw. Philadelphia: J. B. Lippincott & Co. 1868. One vol., 12mo., cloth, pp. 250.

Mr. Shaw is a London dentist, and proposes in this treatise "to be so clear and precise that the physician, the surgeon, and the dentist may alike be able to detect the symptoms of one of the most painful of all maladies," and apply the necessary remedies. It treats of the organization of the teeth, the trifacial nerve, odontitis, periodontitis, alveolar abscess, tartar, the diagnosis, prevention, and cure of toothache, disease in the antrum, neuralgia, and similar topics. Some illustrations, not very good ones, however, are added.

The book is practical, and contains a good deal of useful information. We do not doubt that many practitioners would find it a useful addition to their libraries, giving, as it does, about the amount and kind of information which a physician is expected to have on dentistry.

—— Medical Debts.—The "France Medicale" says that a banker in Saxony has opened a branch in which medical men are invited to send accounts against their patients. The banker takes charge of the bills, and is content with 5 per cent. discount.

Medical and Surgical Reporter.

PHILADELPHIA, APRIL 25, 1868.

S. W. BUTLER, M.D., & D. G. BRINTON, M.D., *Editors.*

THE LAW OF POPULATION.

Problems in political economy are notoriously difficult. They embrace so many factors, and call for such a many-sided knowledge to solve them, that we cannot wonder that they in great part still remain *quaestiones vexatæ*. This is true of none of them more than of that of the law of the increase and diminution of population. In one sense, this is a purely physiological question, and so far as it is so, is entirely beyond our present knowledge. The function of reproduction is obscure and mysterious beyond all others of our economy. From another point of view the question is a social one only, as the preservation of life in the mass depends much more on our surroundings than on ourselves.

Hence neither the physiologist nor the sociologist is alone capable of solving the enigma. The nearest approach to a correct formula of human increase was unquestionably that of the much abused Mr. Malthus. All who have followed him, even while they attack him, but strengthen his main position. His statement was that population, when unchecked, increases in a geometrical ratio, but that it constantly is checked by causes which either shorten life, impair procreative vigor, or prevent fertile intercourse. Although in some of his deductions and applications, Mr. Malthus went astray, this general law remains intact.

The latest writer on this subject, is Dr. Nathan Allen of Massachusetts. He has published a lengthy article in the *Journal of Psychological Medicine*, in which he purposes to state another and better law. Unfortunately he nowhere gives this law, and we can only infer that it would be somewhat as follows: human increase is directly in proportion to the healthy and harmonious actions of the physical and mental functions of the body.

Now if he means this, or anything like this, we object first on the ground of insufficiency. Increase in population and increase in births are very far from being synonymous terms. It were not hard to point out nations where the women were as fecund as those model Puritan mothers whom Dr. A. has so much to say about, and yet where population stood still or retrograded. And as the fecundity of women seems the only point in his mind which has much to do with the question, this oversight badly damages his theory.

But granting him his position here, let us see how he argues his point. In the first place, he clears the ground by saying that as various theories of population have been broached "they certainly cannot *all* be right," *ergo*, none of them is right,—which we submit is as masterly a stroke of logic as was ever witnessed, only we fear not orthodox. For instance, one might say, there are various religions, Christianity, Mohammedanism, Judaism. They cannot *all* be right, ergo, *none* of them is right.

We will follow a step further. Dr. Allen tells us that "the birth-rate of the strictly American class in New England is steadily diminishing," and has been so for several generations, while that of the foreign population is two or three times larger. This he knows from records of old families and statistics. We have previously shown the damaging flaw in this indictment, and repeat it once more. Who are the strictly American class? Does Dr. Allen mean that the descendants of the Puritans never intermarry with foreigners, that they maintain a Brahminic caste? But if they intermarry, as they notoriously do, then his town records go for nothing. Does he mean by the foreign population those only who were born in other countries, or their children? Such laxity in terms will ruin any argument.

Having spied this windmill, Dr. Allen attacks it vehemently. The females of the "strictly American class," get a sound castigation at his hands. He thinks they are too highly educated, that they shun work too much, that they dress foolishly, that they do not nurse their own children, that they are short-lived, and that they avoid offspring by

immoral devices. These are hard words. In our narrower field of experience, a too highly educated female has been a most rare phenomenon, *nigro simillima cygno;* declining to nurse their own children, would, we think, rather tend to increase their offspring; and as he denies the requisites for health and *longevity* to the "strictly American class" how does it happen that those interested in life insurance tell us precisely the opposite—that we are on the whole longer lived than our forefathers and grandmothers?

Much of this talk about the ill-health of women arises from the remarkable ardor with which gynecology has been recently studied. The diseases existed always, but they were not recognized, and talked, written, and lectured about, to the extent they are now.

Some of Dr. Allen's refutations of opponents are rather extraordinary for a scientific article, and would seem more in place in one of the Pope's Bulls. For instance, he rejects Malthus' theory, because it "reflects in the most serious manner upon the moral government of God, impeaching his wisdom, his goodness, and his justice." Not more so, certainly, than the existence of evil. Again, he says about woman's rights," that "we have a standard of appeal in those great laws established by God himself," and is sure they go against the movement, forgetting that others may possibly read those laws very differently from himself.

In spite of these defects in his argument, Dr. Allen's essay is in many respects able and interesting, and we are glad to see these great questions handled in a thorough manner by medical men. It has been published as a separate pamphlet, and it will well repay perusal.

The real law, as we said at the outset, was more nearly formulated by Malthus than by any one since. His principle follows as a corollary to that other law of organic life, which may justly be regarded as the noblest conquest of the intellect in the present generation, stated by Darwin, showing that throughout all nature we find "the survival of the fittest in the struggle for life."

Notes and Comments.

The American Medical Association.

We would remind our readers that the American Medical Association meets in the City of Washington on Tuesday, the 5th of May. That there will be a full meeting there is do doubt, and we trust and believe, a profitable one. There are some important Committees to report. The Association has a President this year from whom we anticipate an address that will be worth hearing. We expect to be there ourselves, and hope to have a competent reporter present, who will furnish a full report of the proceedings, and an intelligent *resumé* of the addresses and discussions.

Safety of Dr. Livingstone.

When it was first announced that Dr. Livingstone, the African traveller, had been assassinated, we ventured to express a doubt of the truth of the story, thinking that the reports brought by those of his party that returned were contradictory and unsustained.—(Med. and Surg. Reporter, vol. xvi., p. 291.) We afterwards found that Sir Roderick Murchison expressed doubts on the same ground, which he supported in several very strong communications. However, "corroborative testimony" seemed, for many months so to substantiate the first reports that it was finally accepted as a truth, and the Doctor's biography was "duly done in print." We are glad, however, that we can now say that all doubts of the safety of Dr. Livingstone seem to be dispelled. Sir Roderick Murchison, on April 8th, received a letter from the distinguished traveller, which came via Zanzibar. Dr. Livingstone writes that he is in good health. His journey of exploration has been successful, and he will soon return to England.

A Deserved Compliment Proposed.

We are glad to observe that in the House of Representatives of the United States a joint resolution was introduced by Hon. Horace Maynard, of Tennessee, giving the franking privilege to Miss Dix, as an acknowledgment of her life-long labors in behalf of the insane and the constant duty she is performing in connection with the large number of charitable institutions she has founded in various parts of the country. The resolution was referred to the Committee on Post-offices and Post-roads.

We trust the Committee will report favorably on this resolution, and that it will pass. Miss

Dix labors constantly for the benefit of an unfortunate class of her fellow-beings, and withal, without the slightest pecuniary consideration, and her correspondence is necessarily large, and anything that can be consistently done by the Government to relieve her of financial burdens, would be but a slight acknowledgment of the many sacrifices she has made, not only for the insane, but for the sick and wounded soldiers during the late rebellion.

The Insane in Connecticut.

We are glad to learn that the new General Hospital for the Insane at Middletown, Conn., has progressed so far toward completion, that it is ready to receive a limited number of male patients.

Applications for admission should be made to the Superintendent several days before patients are expected to be brought to the Hospital. The blank forms for use by Judges of Probate and Physicians, as provided by law, will be sent upon application.

Dr. A. M. Shew is the Superintendent.

Correspondence.

DOMESTIC.

Fact Versus Fancy.

Editors of the Medical and Surg. Reporter:

My attention has been called to a criticism in the "*Boston Medical and Surgical Journal*," of a collection of papers on "Angular Curvature of the Spine," which I have recently had the honor to lay before the profession. I desire to refer to it, not with any desire of deprecating the wrath of this formidable reviewer, or of setting myself right in his eyes, but simply that I may use it as a text, from which to enforce, if possible, even more earnestly than in the volume alluded to, certain points to which he takes exception, and which, I am confident, have not been before presented with the emphasis to which their importance entitles them, as well as to correct certain erroneous impressions which he is probably not alone in entertaining. As my object is, therefore, not to answer charges, so much as to present truths, and as I desire to give them a wider circulation than the journal referred to would secure them, I feel myself entitled to ask for a space in your columns for the following hasty remarks.

To the ultra-conservative cast of mind, the simple statement of a new truth, whether in religion, politics, or science, is ever offensive. That which is in itself only progressive becomes to it aggressive. "*E pur si muove*," was a thorn in the flesh to the bigoted school-men of Galileo's day. So in medicine, every onward movement has been obstructed by these self-satisfied minds, and every man who honestly urged it has at first, and often to the last as well, been rewarded only by hard words and cold glances from those who ought to have been the first to applaud his efforts. And then, when at last the battle is over and the truth stands forth victorious, and unimpregnable, we have exhibited the melancholy spectacle of these obstinate detractors suddenly whipping round to the winning side, declaring that it was their side all the time, and artfully contriving to give the credit of the advance to some third party, who has really been only an accessory. Hundreds of practitioners are to-day treating their cases of laryngeal disease by topical applications, who, twenty years ago, were full of contemptuous indignation, which they took good care to express, at the now lamented Horace Green, because he ventured to proclaim his earnest conviction that it was possible to introduce an application beyond the rima glottidis. And yet, how few of his then detractors who now fully accept the great truth which he first brought to light, are willing to acknowledge fully and fairly that to him belongs the praise.

That this peculiar and unfortunate mental constitution does not characterize the great body of the profession, either journalistic or practising, I have had many and convincing proofs which I desire gratefully to acknowledge. In fact, it has been a matter of surprise to me that, having, as I was well aware, used no honeyed phrases and taken no pains to invent euphemisms to disguise unpalatable truths, the strictures that I have ventured to make have called forth so little ill-natured comment. It will certainly be a sad day for our profession when the hyper-sensitiveness of its members will not suffer them to tolerate an indication of manifest error under the name of error, by one of their own number. The opening sentence of the notice in question, contains the germs of these misstatements. It reads as follows: "The great advances which have been made in the treatment of spinal distortions, by the abandonment of local applications, "setons, issues, moxas, cautery," and the adoption of mechanical appliances to relieve pressure or insure rest, have also made every instrument maker believe himself qualified to treat spinal disease, encouraged movement-cures and gymnastic institutes for Pott's disease," etc.

Of this assertion, I desire to remark 1st: that

it certainly conveys the idea that the profession generally have made so great an advance in the study and treatment of spinal affections that they are prepared to abandon, or have already abandoned, the use of suppurative counter irritants, and depend entirely on mechanical appliances. Now, nothing, I regret to say, can be further from the truth than this statement. I grant there are men who occupy this advanced stand-point, but they are those few pioneers in mechanical therapeutics, such as Davis, and Taylor, of New York, who have devoted themselves, through evil report and good report, to the elucidation of this problem, and such general practitioners as can look on a specialist without a sneer, and even think his suggestions worthy of consideration. It is not so untrue now, as it was fifteen years ago, before Davis began to agitate the matter. It is not even so untrue to-day as it was when I penned the article which so excites the nerves of the reviewer, in which, I endeavored to set the matter before the profession in as clear a light, and as emphatic a manner as possible. But it is still so wide of the truth, that I feel that that article does not contain a word which is unnecessary at the present time. The great mass of practising physicians do not accept the dictum, that Pott's Disease does not demand "local applications," or that it can be benefitted by mechanical appliances. Hear Erichsen, the exponent of British surgery of the present day. In the case of *infants* suffering from this disease, he tells us that "some counter-irritant, as tincture of iodine, should be applied by the side of the spine," and that in the case of older children, "counter-irritation may be applied with great advantage, by means of caustic issues, or moxæ, to either side of the spine." "In fact," he continues: "the principles of treatment in these cases are extremely simple; the improvement of the general health by good diet, tonics, and sea air, in order to remove the strumous condition with which this disease is always associated, and the *employment of counter irritation* suited to the age of the patient, to lessen the local action in the vertebra, is all that can be done." He does indeed advise what has been well termed by another, "the lingering horrors of the prone system"—but this is the only allusion to mechanical treatment, except that he recommends the use of "stays," many months—at least twelve or eighteen—after the disease has been arrested.

This certainly looks very much like the "abandonment of local applications and the adoption of mechanical appliances. It is true that the writings of Adams, Brodhurst, and others, may be cited as evidencing a more advanced state of progress on the part of English physicians, but these men form the advanced guard, and do not at all represent the opinions of the main army. Prof. Gross, whose superb volume takes at least equal rank with Erichsen's, as a text-book and work of reference on that side of the water, adheres equally rigidly to the counter-irritant, and as unqualifiedly condemns the mechanical appliance. Such standard general works as these may be pretty safely looked upon as not only expressing the opinions of these venerable and venerated authors, but as reflecting with considerable accuracy the average sentiment of the profession. I therefore claim that the attempt to bring practitioners generally to occupy the advanced platform on which our critic so boldly plants himself, but which, I must be allowed to surmise, he would scarcely have adopted so squarely before the perusal of the offensive papers;—I claim, I say that this attempt is not a work of supererogation, how far so ever it may have fallen short of its intention.

2d. I wish to controvert the statement that it is possible for *the true advancement of an art, to contribute to its debasement*, as is here intimated.

It is not the greater precision, more intelligent adaptation, or more general appreciation of the value of mechanical appliances in the treatment of spinal affections, which have led "every instrument maker to believe himself qualified to treat spinal disease." On the contrary, I venture to say, that no physician who thoroughly believes that angular curvature is to be successfully treated with the aid of mechanical appliances, has ever thrown the entire responsibility of a case of this disease upon an instrument maker. On no point do I insist more earnestly in the essays under consideration, than that no instrument maker is competent to treat such diseases, and that the physician who shifts his own responsibility to his shoulders, is morally culpable. The instrument maker is to the physician and the mechanical therapeutist, what the apothecary is to the prescribing attendant, he simply prepares the remedy. The secret of the evil referred to by the reviewer, lies in this: that physicians in general practice regarding such cases with extreme aversion, having neither the time, the inclination, nor the mechanical skill to devote to the contrivance, application, and constant supervision of the necessary mechanical appliances, and having no abiding faith in the efficacy of such appliances, anxious only to get rid of the care and annoyance of a tedious and unsatisfactory course of treatment, summarily

dismiss them with the advice, "Go to Mr. Hammerwell or Mr. Keenedge, and get a brace."

The man who is firmly convinced that the mechanical is the appropriate method of treatment, will by his careful and critical supervision of the handicraftman, keep him in his proper place, and show him that he considers himself more than his equal, even in this department of practice.

3d. It is scarcely true that "movement-cures and gymnastic institutes have been established for the cure of Pott's disease." It is very true that that system of remedial exercise variously designated as *Ling's system, the Swedish movement cure, curative gymnastics, localized movements*, so widely known, so successfully practised, and so cordially welcomed by the profession in the European capitals, has, with various modifications, been somewhat tardily introduced into this country. It may be that some individuals with more zeal than either knowledge or experience, into whose hands the apathy of the profession has allowed this branch of the healing art in some instances to fall, have attempted to put Pott's disease among other affections cured by its means, but it is equally certain that no institution of this kind has been started for this sole purpose, as this expression implies, and that its practitioners, while recognizing it as not only serviceable, but imperative in lateral curvature of the spine, do not consider it applicable to the treatment of inflammation or ulceration of the vertebræ. This point is not, it is true, directly pertinent to the subject of the essays under review, but I advert to it as showing that the reviewer has as little conception of the true end and scope of remedial exercise, as he has familiarity with the general tone of professional sentiment. "Unpleasant," therefore, as the topic is to his delicate sensibilities, I shall continue to urge upon the profession the value of a properly directed mechanical treatment for Pott's disease. Absurdly as it strikes him, I shall presume to insist that an early diagnosis of this affection, before ulceration has produced a deformity which is rarely within our power to remove, is of paramount importance, and that, moreover, the knowledge of the fact that pain in the back is usually absent, and spasmodic pain in the abdomen almost invariably present in this early stage, will materially assist in arriving at a correct conclusion.

However rudely it may cross the path of his prejudices, I shall not cease to express my conviction that neither santonin or chenopodium, subnitrate of bismuth or nitrate of silver, much as they are prescribed, are of any curative value in this affection. And in pressing these considerations, and others contained within the wide and important domain of *mechanical therapeutics*, I shall confidently expect to receive in the future, as I have in the past, the countenance and coöperation of such members of the profession as believe that its true dignity is best to be maintained and promoted, not by prating about it and admiring one another, while they shut their eyes to all exterior truth, but by making the physical well-being of those, the solemn responsibility of whose lives and death Providence has placed in their hands, their paramount concern, and intelligently adopting every means which that Providence throws within their reach to ensure its accomplishment.

Benjamin Lee, M. D.
1503 *Spruce st., Philadelphia,*
Nov. 27th, 1867.

Mammoth Cave.

Editors Medical and Surgical Reporter:

In the Reporter of February 8th, I endeavored to explain what was meant by the "permanent inhabitants" of the Mammoth Cave, in contradistinction to the temporary, periodical or transient. In this explanation no allusion was made to fishes, or indeed to any aqueous or amphibious organizations. There is a body of water in the Cave, called the River Styx, which is evidently connected with the Green River, flowing not a great distance from the Cave entrance. This water rises and falls in unison with the river outside, and fishes from the Green River are sometimes found in the Styx or Cave River; consequently, you perceive there are certain fishes only transient inhabitants of the Cave, and the same may be said of aqueous or amphibious reptiles. There are other bodies of water which are not connected with the external world, so far as known, but in all of these, I am of the opinion, may be found fishes and reptiles without a proper development of the auditory and optical apparatus.

I cannot perceive that my statements conflict with those of Profs. Agassiz or Wyman, although I am not familiar with the records of their researches, never having read them.

I have nowhere stated, as Dr. Forwood assumes, that all the fishes in the Cave are without an auditory apparatus, or a rudimentary orbit. I have asserted that there are living organisms in the Cave, without the power of audition or sight.

Neither myself or the "Anonymous Corres-

pondent" assert that "these eminent naturalists, Agassiz and Wyman, were in error." By no means; for, without being familiar with their statements, I unhesitatingly presume, that these gentlemen, so far as they investigated, made correct deductions and truthful reports of their observations. I simply assume, with all due deference, that perhaps they did not publish a record of all that was to be known about the Mammoth Cave, for if they had, we would not need "a more complete account of this wonderful curiosity, scientific and general, than was ever given to the public."

In publishing my "observations" I should not "dispute the assertions of the Professors above named," but only corroborate them, and at the same time, add my mite of testimony in regard to other organisms and other phenomena to be observed in the Cave.

The tendency of the original article, signed "S. I. H.," was not so much to assume that some organisms in the Cave were without auditory power, as to suggest that even as some of the fishes, etc., in the Cave are eyeless from want of light, so there might be fishes, etc., earless for want of sound; or, in the words of "S. I. H.," "whether the functions of the auditory nerves become impaired by the partial or total de privation of their natural stimulus, 'sound,' even as the functions of the optic nerve are diminished or destroyed in proportion as they are deprived of light." This was the proposition discussed in the original article.

The experiments I made were very simple in their character, but perfectly satisfactory to myself.

In order to experiment in a limited manner upon the effect of perfect darkness and solitude or silence on the sensorium, with considerable risk and difficulty I did remain some hours "solitary and alone," some four to six miles from the Cave entrance, and probably from four to six hundred feet below the surface of the earth, or it may have been still farther or deeper.

The effect, as I have before stated, "was very distressing, and almost insupportable, resulting in a perceptible, although temporary defection of hearing and aberration of mind." There are a number of persons now living, who have been lost in the Mammoth Cave, for one, two or three days, and perhaps more, who have always been found, when rescued, in a state of temporary insanity. With some of these persons I have conversed. One in particular, who wast lost for thirty-six hours, gave me a detailed account of his experience, which I cannot now fully relate for want of time and space. He told me that after being a few hours there, his intelligent or rational consciousness left him, and from that time until he was discovered by the guides, some thirty hours after, he was in a state of semi or temporary insanity. When the guides approached him with lights, he fled from them, supposing they were "demons;" and it was with some difficulty they could catch him, even after getting a glimpse of his person. There is now, I am told, a gentleman in the Lunatic Asylum at Lexington, Kentucky, who was made permanently insane from having been lost in the "Mammoth Cave."

I properly appreciate and duly estimate Dr. Forwood's motives and objects in seeking information in regard to the Cave, but would suggest to him the propriety of spending a few months in and around this "wonderful Cavern," before he again announces "that he can give a more complete account of this wonderful curiosity than was ever given to the public."

H. Ralls Smith, M.D.

Chicago, Ill.

Ascites Cured by Tapping.

Editors of Medical and Surgical Reporter:

In your last issue, I notice a case of ascites cured by tapping, and as cures of those cases where *once* paracentisis has been practiced are comparatively rare, I thought it may be interesting to your readers to report in brief, a case of a colored woman who recovered under my care, after having been tapped seven times.

Mrs ——, aged 33 had been a patient at a hospital of this city for six months, previous to my taking charge of it in June, 1866. Hospital records showed that she had been tapped three times, once a month, at each time drawing off two buckets full of serum. She had been given up as a hopeless case, and did not receive any medical treatment for several months previous. Finding her in a very emaciated condition, I at once put her on strong tonics, consisting of quin. strych. and iron, accompanied with baths 105° F. Menstruation had stopped for some time, and diagnosing her trouble, the result of disease of liver, I alternately put her on pil. hydr., podophyllin and hyoscyam.; after treating her in this manner about eight weeks, and finding her gaining strength in general, and not giving her any diuretics, yet, as her kidneys had been very debilitated through their over-exertion to eliminate the serum, I alternately commenced to give her potass. acet., with pil. digitalis. At my first tapping her in June (about the 5th), I drew off seven gallons of fluid, look-

ing like water in which rice had been mashed, and being inodorous. At my next tapping, thirty-two days after, I received about a gallon less fluid, which was of clearer color. The third tapping, at an interval of a little over a month, and during which time her general improvement became remarkable, and having had her put to work as much as possible, the flow got reduced to about two and one half gallons, and became of the color of urine, and offensive odor. At the last tapping (September) I received only about a gallon of fluid, the trocar continu ally clotting up, and judging by the color of the liquid, it was tainted with blood, and of very strong offensive odor. Let me not omit to mention, that about two weeks previous to the last tapping, menstruation had fully returned, making its appearance once very slightly before. To the use of continued strong pressure upon the abdomen with a roller towel, I attribute a great deal of the success of the case; two weeks after the last tapping, the whole machine was in working order, and I discharged the person perfectly well, her abdomen normal, and she has enjoyed good health since, without a symptom of recurrence of ascites.

Ferdinand Lessing,
Ass't. Surg. U. S. A.

Norfolk, Va., April 10, 1868.

Abuse of Drugs.

No. 2. (See p. 201 of this volume.)

Editors Medical and Surgical Reporter:

There is undoubtedly no profession in which a man obtains more insight into the follies and foibles of human nature, than the medical. What physician, for instance, does not know numbers of people who are continually injuring themselves with different kinds of intemperance, which means overdoses of the good things of this world, the natural food, the procreative instinct, or what is the worst and most common among civilized nations, overdoses of drinks; others, on the contrary, who have very good intentions, and aim at the preservation of their bodily health, are continually doctoring themselves with quack medicines, or some of the latter class having a wholesome dread of such remedies, study a dispensatory or other medical book, hunt in it for remedies which might do them good, or for symptoms which they think to observe in themselves. Medical students and young practitioners sometimes fall into such illusions. But what then must we say of middle aged, well established regular physicians, (as I know some in this city,) who are so weak minded as to have no trust in nature, but are continually doctoring themselves not alone, but using quack medicines, quack lotions and ointments, notwithstanding they prescribe in orthodox style for their patients. It is a trait in weak minded human nature to have more faith in mystery than in things well understood, and this explains as well the success of superstitious religions, spiritualism, etc., as that of quackery, homœopathy, the belief in the possibility of the growth or existence of frogs and snakes in the human body, etc.

People who have the habit of immoderate eating, usually think that the human body needs a periodical cleaning out every two or three months, like a house; they cannot possibly be persuaded that by moderate and temperate habits, man may go on in a healthy state without these periodical cleanings, and that moderate exercise in the free air, combined with a proper watchfulness about the peculiarities of the system, in the agreeing and disagresing of certain kinds of food and drink, the avoiding of all imprudence in this respect, as well as over exertion and exposure to cold and dampness, may prevent most indispositions, and make those cleanings and druggings unnecessary.

I know that some will say, that the existing circumstances which are chiefly due to the lack of common sense in the great majority of the people, are rather favorable to the medical profession; and I answer, that this may be true. But I speak here not as a man who narrow mindedly seeks to increase at any cost, the profit of his trade; I take, as a philanthropist, in regard to these matters, a higher point of view, looking at the promotion of the well being of the whole human race.

Another thing which many a practitioner undoubtedly has experienced, is the dissatisfaction of the members of his own family, about his treatment of them; they have often a notion that because Pa is a Doctor, he ought to know some remedy to cure at short notice, (at least in his own family,) every disturbance in health, as they think that surely there must be a quick remedy for every disorder, which a doctor ought to know, and that nature and time go for nothing. When Pa honestly tells them his persuasion that they do not want anything, but must have patience, and take care of themselves, he gets the reproach that he is inactive or indifferent toward his family; that Mrs. A., or Miss B., surely would get a prescription of him in a similar case, and if Pa is honest enough, he cannot deny this accusation.

The writer of this article could never persuade the members of his own family to use as little medicine as he uses himself, he pleads guilty of

the reproach that old doctors never swallow their own medicine, and he mostly charged some of his colleagues with the treatment of the members of his family, and of himself, when this occasionally became necessary.

And here we reach an important point for the practitioner, namely, the advice never to prescribe for one's own person, when the trouble threatens to be of the least serious character.

We are educated to observe symptoms in others, not to observe our own; to prescribe with cool and sound judgment for others when sick, not to prescribe, with a judgment disordered by disease, for ourselves; besides this, our own feelings about the symptoms are illusive in the highest degree, our cool judgment is not only interfered with, but entirely upset by a simple transitory attack of fever, and even if this is not the case, we have our prejudices, likes and dislikes, and cannot possibly be as impartial in applying the rules of our divine art to ourselves, when applying them to others. Our feelings may be so distressing that we think ourselves worse than we are, and vice versa, if of a consumptive predisposition; in the latter case we may prescribe imprudently.

The writer once went through an attack of typhoid fever, contracted by contagion from a patient, and his mind was so disturbed that he was utterly unable to make his own diagnosis, really surprising in a disease so easily recognized; he did literally not know what was the matter with him till it was communicated to him by a colleague, who successfully carried him through an illness of more than six weeks' duration; this same colleague, two years afterward, unfortunately succumbed by the same disease; he prescribed for himself! He was a young and very able practitioner, and the writer is surely not the only one who remembers him with gratitude.

It may be interesting, in this connection, to mention the case reported on page 202 of this journal, and in which the abuse of drugs was the cause of much trouble, the latest report extracted from a letter, is this:

"After having had three different prominent physicians, each of which was recommended by the former, when this one had, after his own admission, exhausted his skill; we found that when taking a remedy for one thing, another thing got worse, or a new trouble was created; so we have come to the conclusion to abandon all medicine, and trust to good nursing and a comfortable life; we tried this for the last six weeks, and the result is thus far very favorable."

N. Y., April 7, 1868. V.

News and Miscellany.

Mortality of Providence, R. I., in March.

Under the able and careful supervision of Dr. Edwin M. Snow, the morlality statistics of Providence are the best kept in the country.

The number of deaths (78) in Providence during the month of March, was 5 *more* than during the preceding month; 15 *less* than in March, 1867; and 8 *less* than the average for March during the last thirteen years.

The following shows the number of deaths in Providence during each month of the present year, and the corresponding months of each of the five years preceding; also the annual average for each month in the aggregate for the last thirteen years, 1855 to 1867 inclusive.

	1868.	1867.	1866	1 65.	1864.	1863.	13 years' Aver'ge.
January.....	56	89	88	103	115	76	87
February....	73	75	68	112	91	101	81
March.....	78	93	82	84	96	110	86

The mortality of Providence during the month of March, as in the preceding months of the present year, was unusually small for the season. The characteristics of the mortality in March were also, in several respects, quite different from the usual mortality in cities. Thus, excluding the widowed, there were more married than single persons among the decedents; there were nearly twice as many decedents of American as of foreign parentage; less than 17 per cent. of all the decedents were under 5 years of age; and of the decedents of American parentage, only about 12 per cent. were under 5 years; and considerably more than half of all the decedents were over 50 years of age. These features of the mortality are unusual in a city population, and ¡ndicate an unusually good condition of the public health.

Homœopathic Department Established.

As our last sheet goes to press, we learn that the Board of Regents of the University have capped the climax of the folly of a foolish Legislature, by establishing the Homœpathic Department, which was then authorized, as the condition for receiving the appropriation in aid of the ¡nstitution. They have endeavored to smooth over the odium which will attach to their act in the minds of all right-thinking and far-seeing men, by locating the new branch at some other place than Ann Arbor, but the moral influence will be the same. The University of Michigan, justly the pride of our State, and an honor to America, affords to Europe, who has tried the experiment and failed again and again, but an-

other instance of the truth, that experience must make wise. In nearly all European countries the Hahnemannian dogma is sinking, and its upholders, to save themselves from oblivion, have forsaken their original dilutions for the more practical "massive doses," as published in the proceedings of their late meeting in France. After a fair trial, by means of hospitals and every facility offered by the government for testing the merits of the question in Russia, an imperial ukase forbids the practice of it in that country. While we do not recognize this summary method as the true remedy for error of any kind, we believe that if the votaries of true science do faithfully their duty in the community, by disseminating among the people correct ideas of the laws that govern the body in health and diseease, it will prove an ukase far more efficacious than that of any absolute monarch.—*Detroit Review of Medicine and Pharmacy.*

Yellow Fever in Peru.

A correspondent of the New York *Tribune*, writing from Lima under date of March 28th, says:

The yellow fever is raging along the whole of the northern coast of Peru, and is gradually extending itself south, thus travelling direct from leeward to windward—and that, too, at a season when the south-east winds that prevail upon this coast all the year round, blow the strongest. There has been no abatement whatever of its fury in Callao; the mortality ranges from about thirty to thirty-five deaths daily. Its greatest ravages are among the persons not acclimated; but where it has been most severe is on board of three vessels that are lying in the bay of Callao with Chinese coolies on board. Out of 1000, probably twenty will not escape; they are dying off at the rate of one per hour. By some great oversight on the part of the port officers, these bodies have been permitted to be thrown overboard, and the result is that large numbers have begun to be washed up on shore in such a state of decomposition as not to admit of their removal. The waters of the bar have become infected to such a state that the Medical Board have prohibited the eating of fish and bathing in the bay. The heat is still very great for this season of the year, the thermometer averaging from sun-down to sun-rise 85° Fahrenheit. There are no means of ascertaining the amount of deaths by the fever in Lima, as the authorities are throwing every obstacle in the way, obtaining data without taking one single step toward its prevention. The poor and indigent are the victims; there has not been a single case of death by the fever among the better to do class up to the present. Unless the cold weather sets in soon, I am afraid that we will have a general emigration from Lima and Callao toward the snow ridges of the Cordilleras.

Druggist's Mistakes.

The *Journal of Applied Chemistry* has some sensible remarks on this topic, which we recommend to the attention of the profession at large.

"Our exchanges have been for some time past teeming with various suggestions, both for the druggist and the physician, for the better security of life and safety to the patient, but many of them seem to have been penned by those who understand but imperfectly the merits of the case. One suggests that each physician be provided with a list (like a bill of fare) of the various articles used in prescriptions, and the quantities only left blank for the physician to fill up. Such a plan would, of course, be utterly impracticable, as every druggist and physician can see at once, and would be likely to result in more mistakes than the present method. The summing up of the various articles marked in a list of several hundred articles would often result in serious omissions, and would involve much waste of time.

"Another suggestion, no less wise, but quite as wide of the mark, is that physicians be required to write their prescriptions in plain English. Now the common, popular names of many drugs are not only unintelligible to a great degree, but they are often ambiguous, and sometimes only local, while the Latin or technical names are always definite, and never to be mistaken by an intelligent druggist. The term "wintergreen," for example, is applied to any one of several different plants in their various states, while each one has a definite botanical name, by which it is known throughout the civilized world. Again, the ignorant patient, or his family, thinking to save expense, would often purchase the articles of an English recipe separately, and endeavor to mix them at home, without the skill or the knowledge requisite, and the result might be very different from what was anticipated.

"If physicians would always be careful to write in legible characters, and the apothecary were always thoroughly qualified, and even required by law to be so, not only by education and experience, but in his habits, there would be comparatively little danger."

The Enormous Supply of Cod-Liver Oil.

To those who are accustomed only to see cod-liver oil put up in small bottles for medicinal use, it may be difficult to convey a realizing idea of the immense amount of this oil which is manufactured and turned to a great variety of uses where the cod are caught. In Norway, for instance, the livers, as removed from the fish, are thrown into vessels holding ten or twelve hogsheads, and then, after frequent stirring with wooden beaters, a fine transparent oil escapes, which is drawn off and preserved as the first quality. The remaining mass is treated subsequently in successive stages, the free oil, after partial decomposition of the livers, being first drawn off, and heat then applied, up to a certain degree, for another quality; after which a considerable increase of temperature results in the yielding up of the last quantity, known as the dark tanners' oil. In some parts of Europe, and in Newfoundland, another method is made use of. It is estimated that over 50,000,000 cod are taken in the North Atlantic alone, the livers of which weigh from one to two pounds each. Allowing what may be considered as a fair estimate, a quarter of a pound of oil to each fish, we have over 12,000,000 of pounds, or 6000 tons of oil in the annual yield from this source alone.

Remarkable Medicinal Spring.

A remarkable medicinal spring, on the island of Jamaica, has just been brought to notice. An analysis of the water, which Dr. Attfield reported at the last meeting of the London Pharmaceutical Society, shows that every gallon contains about three and one-half ounces of chloride of calcium, two ounces of salt, and two and one-half grains of chloride of ammonium. The proportion of chloride of calcium, Dr. Attfield believed to be unprecedented. The therapeutic action of this salt is most useful for the treatment of scrofulous affections, and glandular swellings, a fact known to the negroes on the island, who have valued and used the water for medicinal purposes upwards of forty years.

—— The progress of hippophagy is shown in the statement that the first shop for the sale of horse-flesh was opened in Paris on July 9th, 1866, and already there are upward of seventeen such shops in different parts of the city. In twelve months 2312 horses were slaughtered, yielding some 11,320,000 lbs. There were also killed in the same time seventy-eight asses and some mules. Is it possible the carcasses were for consumption?

—— A correspondent of "*The Times*" tells us how he served a quack doctor who annoyed him by sending him pamphlets through the post. "I got a large hamper, filled it full of rubbish, bricks, straw, etc., and in the middle I put the last book I had received, and outside the book I wrote 'Sold again.' I directed the hamper to the author of the book—'Dr. So-and So, etc., from a grateful patient,'—stuck some hare's legs under the lid, so as to let him see what was inside, and sent it by express train. I never had another book."

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

Armstrong—McKallip.—At the residence of the bride's parents, April 2d, by Rev. J. E. Caruthers, John A. Armstrong, M. D., and Miss Amanda C. McKallip, all of Leechburg, Armstrong co. Pa.

Hawthorne—Bayard.—At the Church of the Holy Communion, New York, April 16th, by the Rev. F. E. Lawrence, J. N. M. Hawthorne and Elizabeth A., daughter of the late Wm. Bayard, M. D., of West Farms, N. Y.

McIlroy—Farrington.—April 15 at the residence of the bride's parents, by the Rev. Hasbrook Dubois, Dr. S. H. McIlroy and Alida, daughter of John D. Farrington, all of Mott Haven, Westchester co., N. Y.

DIED.

Anthony.—At Fishkill, N. Y., on the 15th inst., Theodore V. W. Anthony, M. D., aged 67 years.

Bacon.—At Newport, Cumberland co., N. J., Feb. 26th, Rev. Wm. Bacon, M. D., in the 66th year of his age.

Haslett.—In Brooklyn, April 11th, Jane Teresa, wife of Dr. John Haslett, in the 65th year of her age.

Shriner.—On Sunday, April 12th, at 3½ o'clock, at his residence at New Texas, Alleghany co., Pa., Dr. Samuel Shriner, in the 47th year of his age.

Stone.—At West Farms, N. Y., April 8, of acute pneumonia, Dr. J. O. Stone.

ANSWERS TO CORRESPONDENTS.

Dr. W. H. B., of Pa.—"Will you be kind enough to inform me which is the best medical journal published in Paris?" Opinions differ, of course, but for a *medical* journal, we venture to recommend the "Bulletin Général de Thérapeutique Médicale et Chirurgicale." It appears twice a month, and can be obtained through Mr. E Steiger, 17 North William street, New York, at a cost of about $10.

Dr. O. A. R., of Pa.—Your letter with the enclosure was received, and the amount duly credited.

METEOROLOGY.

April,	6,	7,	8,	9,	10,	11,	12.
Wind	S. W.	N. E.	N. W.	W.	N. E.	N. W.	N. E.
Weather	Clear	Cl'dy.	Clear.	Cl'dy.	Cl'dy Rain & snw	Clear.	Cl'dy. r. h. & snw
Depth Rain		3 10			1 in.		4 10
Thermometer.							
Minimum	20°	29°	30°	20°	24°	22°	36°
At 8, A. M.	33	38	43	30	34	38	52
At 12, M.	46	43	52	39	36	50	51
At 3, P. M.	46	43	50	41	30	50	48
Mean	37.	38.25	43.75	32.50	31.	40.	46.75
Barometer.							
At 12, M.	30.3	29.4	29.7	30.5	30.1	30.	30.

Germantown, Pa. B. J. Leedom.

THE

MEDICAL AND SURGICAL REPORTER.

No. 583.] PHILADELPHIA, MAY 2, 1868. [Vol. XVIII.—No. 18.

Original Department.

Communications.

INSTRUMENTAL DIAGNOSIS.

By Philip S. Wales, M. D.,
Surgeon, U. S. Navy.

(Continued from page 321.)

Endoscopy.

The endoscope, from ενδον, "within," and σκοπεω, "I examine," is an instrument that has been but recently introduced to the notice of the profession. It is intended to furnish the physician with a means of examining the interior of certain canals and cavities, such as the urethra, bladder, and rectum; to place directly under his ocular examination the lining membranes of those cavities, so that he may be enabled to recognize any morbid changes in their structures, and to decide the diagnosis with unerring certainty upon the evidence of visual sensations. This, if practicable, is certainly a step forward in surgical diagnosis, and at once relieves the surgeon of all the uncertainties by which he has been hitherto surrounded in making out the nature, extent, and remediability of certain pathological changes in these parts. The diagnosis of these diseases has now to be gathered in the main by the surgeon's tactile dexterity, either with the hand alone, or armed with such instruments as are proper for exploring these parts, such as sounds, catheters, and bougies, according to the requirements of each special case. The inferiority of the sense of touch to that of sight, in making known with accuracy and certainty pathological conditions, is so well known, and so evident in the daily practice of every medical practitioner, that it would be a waste of time to compare them with a view of giving prominence and superiority to the former. Too many cases are now recorded, too many cases have occurred around us, and are still everywhere occurring, of mistaken diagnosis in vesical diseases, even in the hands of those reputed among the wisest and most skilful, from a wrong estimate being placed upon the impressions derived from the sense of touch, while manipulating with sounds and other instruments. Not to speak, in this place, of the countless errors and blunders of the lesser lights of the profession in this respect, we may go to the records of the science for years back, and find numerous examples of the most distinguished men committing occasional blunders in diagnosis, (of calculous diseases for example,) from the wrong interpretation of the impressions that have been conveyed to them in their explorations. Of these we need only mention the case of the great Cheselden, who subjected a patient to lithotomy whose bladder was free from stone; and who has, with a candor and truthfulness, and I may also say humanity, characteristic of great minds, placed his errors upon record to act, like the welcome beacon to the weary and tempest-tossed mariner, as warnings to the young and more inexperienced, of the dangers by which on every side they are beset in the prosecution of their duties.

With this experience set before our eyes, the earnest and conscientious surgeon welcomes with delight any means to aid him in correctly and faithfully studying the cases that are placed in his care. He cannot prejudice the safety of his patient, or render himself liable either to self-condemnation or public disapprobation, by turning aside from the attentive examination and study of any recommendations coming from a reliable source, that hold out to him hope, however faint, to escape from errors of judgment in consequence of the natural imperfections of the

instruments with which he has been furnished to investigate nature. These means may at first appear chimerical, they may be troublesome, the instruments may be complicated, and they may require time for their proper application in securing a truthful result, (and what case is there that does not require more time than is usually allotted to it in a busy practice!) All these disadvantages may present themselves, and yet every practitioner ought to be willing to accept them all, to gain even a *little* more certainty in his diagnosis.

These remarks are preluded, for the reason that many persons have spoken lightly of the endoscope; many there are who have done so without once having taken the instrument in hand, much less gazed through its fifteen inches of illuminated tubing. Let the incredulous take the instrument, fit the rectal tube, get a subject willing for his examination, and let him study the natural appearance of the rectal membrane for a length of eight or nine inches, which he can readily accomplish without the outlay of much time, or the requirement of much manual dexterity. Then apply it in hemorrhoids, and go on, proceding from one class of cases to another, *seriatim*, for three or four months and he will be unwilling to dispense with the instrument, even in this respect, as a diagnostic means.

He may then adjust an uterine tube, and inspect the uterine mucous membrane with satisfaction and profit to himself and benefit to his patient. If he could even make out with its aid whether an inflammation is limited to the cervix, or has extended to the uterine cavity, enough would be gained to satisfy him for the expenditure of his time and patience.

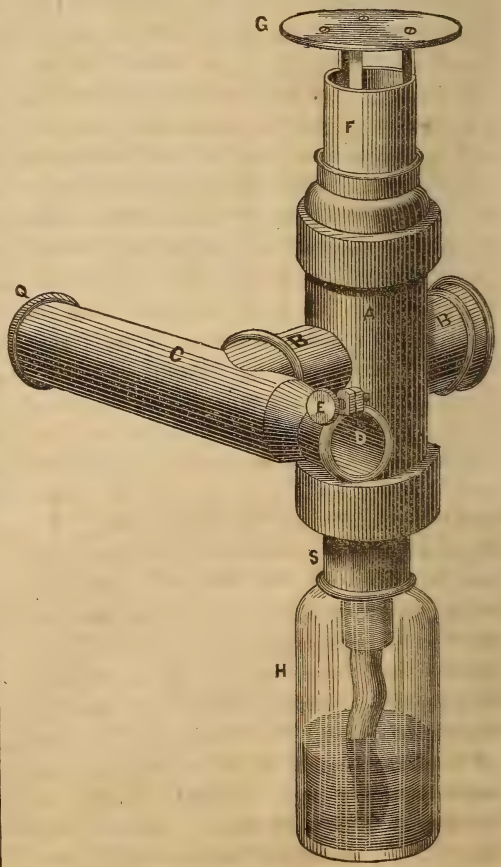
In diagnosing stricture and other morbid changes of the urethra and vesical mucous membrane, a little more experience, a little more time, and a good deal more dexterity will be required; yet it is true that this membrane can be sufficiently illuminated with the endoscope, that its whole extent may be explored, from the vesical orifice to the external outlet.

It has even been proposed to employ an instrument called the *splanchnoscope* to explore the interior of the stomach, this cavity being illuminated with the electrical light. Of this last mode I have nothing to say in this article, as my experience is at present limited to explorations of the three cavities previously mentioned.

The endoscope, as made by Charrière, of Paris, and furnished by Gemrig, of Philadelphia, is presented in the annexed wood-cuts. When furnished complete, it possesses besides the body of the instrument, containing the reflectors and lamp, two straight tubes of different sizes, with rectangular points and glass in the angles; two straight tubes with open points and fissured sides, such as shown in Fig. 3; one rectal tube; two probe-pointed knives; a caustic holder; and a probe.

Commencing with the body of the instrument, as shown in Fig. 1, it may be described

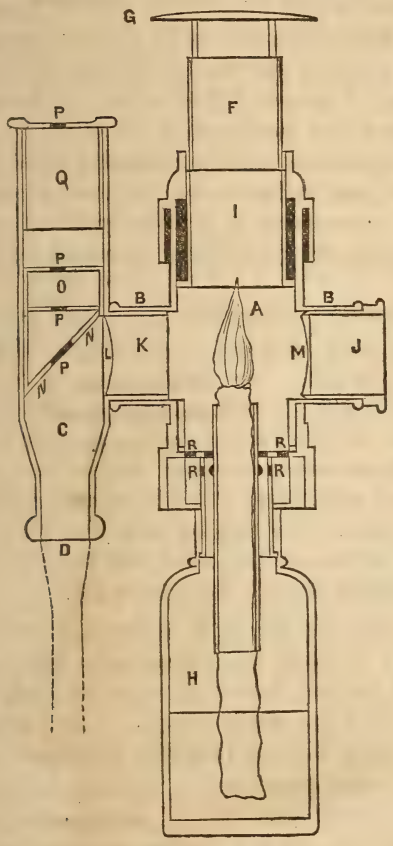
Fig. 1.



simply as two metallic tubes, A and C, movably attached to each other, the former (ver-

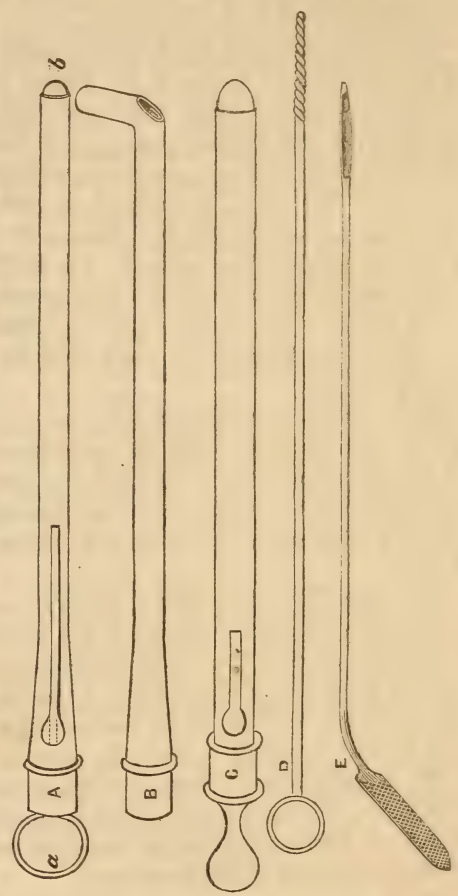
tical) serving the purpose of holding the lamp (H), and supporting a chimney to carry off the smoke (F G). The other (horizontal) contains the optical apparatus, (as seen in Fig. 2), which consists of a mirror of polished metal (M) fixed

FIG. 2.



in a short tube (J) at the back of the lamp, and capable of motion for regulating its focus. In front of the flame, as the instrument is presented in the cut, a plano-convex lens (L) is placed, which collects the rays of light reflected by the mirror, and throws them upon a plane metallic mirror (N) placed opposed to it in the middle of the horizontal tube at an angle of 45° with its axis. The mirror is perforated by a small aperture (P). Having received the light from the convex lens at an angle of incidence of 45°, the mirror reflects (according to the law of optics that the angle of incidence equals that of reflection) the rays at an angle of the same number of degrees; and this direction exactly corresponds with the axis of the horizontal tube. If the eye of the observer be placed at one end of this tube (P), any object placed at the other is seen distinctly. The only re-

FIG. 3.



quirement now are tubes of appropriate size for the different canals. The rectal tube is shown in Fig. 3, armed with its mandrin, and with a slit in the side. It is about nine inches long, and three-fourths of an inch in diameter. In Fig. 1, the instrument is shown with a round aperture (D), for the reception of the rectangular pointed urethral tubes. This tube (B), Fig. 3, is peculiar in its construction, and requires further notice. Its size is just above that of a No. 10 catheter, and perfectly straight to within one inch of the point, where it suddenly bends at an angle of about

80°, the back of the angle (*a*) formed is flattened and fitted with a piece of plain glass, which does not prevent a good view being obtained of the parts, while it prevents the urine flowing through the tube after it is introduced. This is the tube that must always be used in exploring the walls of the bladder. As shown in Fig. 1, it is to be fastened to the body of the instrument by the binding-screw (E).

The straight tube (A), Fig. 3, may be employed in examining the course of the urethra or the uterine cavity. They are armed with mandrins (*a*) with bulbous points (*b*), so that the instrument can be introduced without difficulty. The slit in the side of the tube affords an entrance to the introduction of a probe, the caustic-holder, or knife. The knife (E), shown in Fig. 3, the caustic-holder, and the probe, are all of the same general shape, that is, with a long flexible stem and a short rectangular handle.

Three or four stylets with twisted points (D), Fig. 3, accompany the tubes for the purpose of keeping them perfectly clear and free from all moisture within, which should be promptly removed after every operation with cotton-wool.

The lamp (H), which burns ordinary coal oil, is represented in the cut as screwed to the instrument at S. The tube of the lamp reaches to the point of junction of the two tubes, forming the body of the instrument, so that its blaze is exactly opposite the mirror.

To magnify objects observed through the instrument, it is fitted with two eye-pieces (Q), Fig. 2, of different focal length, similar to the ordinary eye-piece of the microscope.

With this instrument I have examined repeatedly the mucous membrane lining the rectum, urethra, bladder, and uterus. The best position for manipulating in rectal examinations is to place the patient either upon his side or upon his back, in the lithotomy portion, with his nates resting upon the edge of the table. The table, in all cases, should be of such a height as to permit the observer to take his seat in such a manner that there will be no muscular effort exerted in sustaining the head while the eye is applied to the instrument. In this manner, perfect steadiness both of the head and instrument, so essential to success, will be secured. I am sure that in some instances where I have employed the instrument while the patient lay upon a low bedstead, requiring the observer to kneel upon the floor, and to bend his body and neck in an awkward position, to apply his eye to it, several of my medical friends have been disappointed in their expectations and felt dissatisfiee with the result, while peering through the glass, for the want of this essential condition of successful observation—comfortable position and steadiness of the eye. As the field under inspection is necessarily small, the mind must be intent upon its close and accurate examination, to perceive with ease and clearness the appearances presented to the eye.

In urethral examinations the same precautions must be taken in selecting a table of good height. The patient may be placed upon it with his buttocks brought down to its edges, his legs hanging down toward the floor, the knees widely separated, and the feet supported upon stools placed upon either side of the table. The surgeon may then take his seat in front of the patient, and make his observations leisurely and comfortably.

When the uterus is explored, it will be better to place the patient upon her back, with her feet drawn up under the buttocks, and the knees widely opened. I have always employed a larger tube than the largest urethral tube, corresponding to about No. 12, of the catheter scale, usually accompanying the endoscope. It will render the examination decidedly more satisfactory by dilating preliminarily the os with sponge-tent, or what I prefer, the sea tangle tent (*Laminaria digitata.*)

In exploring the bladder, the rectangular-pointed tube of Desormeaux, which is provided with the glass plate at the junction of its two parts, to prevent the escape of urine, must be introduced, and when fairly in the bladder, the lamp is affixed to its proximal extremity. After being perfectly adjusted, the lower part of the lamp must be held firmly in the hand, and by impressing the required movements upon it, the glass plate may be

brought into contact with the vesical mucous membrane. In the healthy bladder, the appearance presented is a small roseate field of uniform color, corresponding with the area of the glass plate. By passing the tube over successive portions of the vesical lining, the whole cavity of the organ may be examined, and it will be found to present the same uniform roseate tint. The variety of cases in which I have hitherto examined the bladder have been small. The following are interesting examples of its utility in vesical diseases, for an opportunity of examining which I am indebted to the obliging courtesy of Dr. George Maulsby, Surgeon of the Naval Hospital.

Case 1. J. A., pensioner, age 72. Has had great difficulty in voiding his urine for several years, requiring frequently the aid of the catheter. Complains also of more or less pain in the region of the bladder, which is exaggerated in a marked degree when he is called upon to make repeated efforts to evacuate the urine. His bowels are also sluggish.

The largest tube of the endoscope, No. 12, of the catherter scale, was introduced and the lamp adjusted to its extremity. By carefully manipulating the lamp, and attentively watching the end of the tube as it passed over the inner surface of the bladder, the mucus membrane presented itself of a deep red color, and frequently an enlarged vessel was seen to cross the field of vision; one view presented a decidedly black patch, totally different in appearance from the red membrane, intersected with enlarged vessels, seen at other portions of the bladder. The prostrate portion of the urethra was narrowed somewhat by the obstruction offered by the enlarged prostate gland, which was readily felt when the finger was introduced into the rectum. A stricture was at one time suspected, but the endoscopic examination revealed nothing of the sort in the course of the canal. The chronically inflamed bladder undoubtedly originated from the enlargement of the prostate, requiring frequent and often violent efforts to evacuate the urine.

The treatment pursued was to relieve the bladder as often as necessary, so as not to throw any labor of contraction upon it to discharge its contents, and to wash out any accumulated mucus by the injection of warm water.

Case 2. J. G., pensioner, aged 64; suffered with retention of urine in the same manner as the above case. His prostate was a great deal more enlarged, so that the finger came in contact with it shortly after its entrance into the anus. Besides the symptoms of retention, there was obstinate constipation, which had annoyed him for several years, and for which, besides the purgative medicines he was able to obtain from the hospital, he told me that he had spent up to this time in the neighborhood of $30, for a certain purging patent-pill which he had habitually employed.

The endoscopic examination revealed pretty much the same appearance as in the former case, without the black patch so plain to be discerned in the former. The treatment ordered was the same as in the former case.

I feel confident, though I have not yet made the trial, that with the endoscope, an encysted stone might be diagnosed with a considerable degree of certainty. If future experiments with the instrument ever realize my anticipations, and confirm my belief in its utility in such cases, we can at least indulge in the pleasant reflection, that at least we shall not be compelled to incise the bladder in lithotomy, without knowing exactly beforehand whether the stone is free or adherent to the vesical walls.

In our next paper we will enter into the subject of endoscopic exploration of the urethra, rectum, and uterus.

[To be continued.]

CONTRIBUTIONS TO TOXICOLOGY.

By P. H. Vander Weyde, M. D.,

Late Professor of Chemistry and Toxicology in the New York Medical College.

(Continued from p. 208.)

No. 17. Poisons Found in Chewing Tobacco.

This substance is worse drugged than even the snuff, and does more harm among the male population of our country than any other substance existing, except, of course, the abuse of alcoholic stimulants.

Besides the regular constituents of good tobacco, the so highly poisonous alkaloid, the *nicotine*, and the tobacco camphor, or

nicotianin, of which over-doses infallibly produce in excessive chewers a long train of serious constitutional derangements, as delirium, paralysis, disease of the heart, etc., (seldom traced to their true source even by acute practitioners,) we are never sure what pernicious additions have been made in the preparation of the substance; the manufacturers have, of course, no conscience, and wish only to gratify the morbid taste of the devotees of this most disgusting and crazy habit.

It is perhaps unnecessary to refer to the tin foil wrappers of chewing tobacco, as it is well known that at present this foil is rolled out of sheet-lead, covered on both sides with a very thin layer of tin. Several cases of lead-poisoning have lately come under the attention of the profession, which were clearly traced to the habit of tobacco-chewers to take a bite of their beloved chewing material, the tin envelope included.

The cheaper kinds are almost surely drugged, in order to hide their insipid qualities. This is done by a preparation called in some countries *a sauce*. This sauce is composed of very various ingredients, as compounds of antimony, of copper, sulphate of iron, sulphate of alumina and potassa, or some other alum, as iron alum, chrome alum, and even bichloride of mercury or corrosive sublimate. Any one acquainted with the most abominable taste of even dilute solutions of the last substance, must be astonished how the taste of man may be perverted to seize it in any form whatever. However, as it resembles somewhat the taste of the nicotin, it improves (!) insipid kinds of the drug.

Among the organic substances used as sauce, are melampodium, or the helleborus niger, and viridis, tolii rumex, etc., and some sugar and molasses.

It is indeed surprising how grown men behave like spoiled children, who must have their sweetmeats in their pockets, and must be eating or drinking something continually, or at unseasonable times, when nature does not call for it in the least; from this the chewing, smoking, dipping, tippling, etc.

It will become necessary that somebody performs the same labor for the good of the big children, that Dr. Hassall in England performed, a few years ago, for the benefit of the little ones. The readers will undoubtedly remember the report of his analysis in the *London Lancet*, from which it appears that the confectioners, in order to make the sweetmeats attractive to little children, colored them very beautifully green with arsenite of copper and Brunswick green, red with sulphide of mercury, yellow with chromate of lead or gamboge, blue with Prussian blue. In a single beautifully painted sugar fish, which the Doctor bought at the Shepherd's Market, Mayfair, he found four of these virulent poisons employed, and he agitated the matter so much that the use of them by confectioners was declared to be a misdemeanor, and now less beautiful or bright, but harmless colors are employed.

One move has been made, also in England, in this direction, for the big children. As they must be chewing something, a chewing tobacco has been invented for the benefit of those whose pockets are too empty to buy the genuine article, or whose stomachs are not strong enough to stand it, Here goes the prescription:

Thymus serpilum sive vulgaris,	
Hyssopus offic.,	
Origanum,	āā ℥ij.
Betonica offic.,	
Eutraxia offic.,	āā ℥iv.
Lavendula vera,	
Rosmarinus offic.,	āā ℥viij.
Tussilago tartara,	℥iij.

Mixed, pressed together, and cut in the form of plug tobacco, it makes a cheap and harmless substitute. It will be observed that half of these substances may be considered obsolete, having been found inert for the diseases they had once the reputation of curing, the other half is now-a-days mostly used in the kitchen, also by perfumers and confectioners, and to cover the taste of other remedies.

—— Sir James Simpson, of Edinburgh, maintains that small-pox might be stamped out in Great Britain within a single year by perfect measures of isolation. The fact that 50,000 persons died in England of this disease alone, in the ten years, from 1856 to 1866, and that in 1864 its victims amounted to 9425, is quite sufficient to command a respectful hearing for any preventive theory purporting to rest on solid evidence as well as high professional authority.

TO PRODUCE THE SEXES AT WILL.

[The following article is from the pen of a perfectly trustworthy observer.—Eds.]

Nature works through laws; fixed, unvarying and constant. With many of these laws we are familiar in their character and in their action; with others we are but partially acquainted, our knowledge of them limited and incomplete. Of others still, we are entirely ignorant; we may see certain results, or note certain facts, without being at all able to explain by what means, or through what particular natural processes they were brought about.

That there is a law which determines the sex of each product of conception in man as well as in all organized beings, scarcely admits of doubt. It is not accident or chance, which decides whether in any particular instance a male or a female should be conceived and born. The relative proportion of the sexes in the human race is unvarying: Why? Because the law which determines the sex, is ever acting, and the circumstances of life remaining the same, must produce invariable and unchangeable results.

The laws which govern the processes of fecundation and conception in animal life, are still, it may be said, almost entirely unknown to us. These subjects seems to have been considered too intricate for physiological study; or if the field has been occasionally entered upon by an ambitious student, so little remunerative harvest has followed laborious and persevering cultivation that the laborer has retired wearied and disheartened, and the toil left to lie fallow for generations again.

Some few facts, however, are matters of universal observation, and some reasonings and deductions based upon these facts, are assented to upon the part of physiologists generally.

It is concluded that the females of all animals (the human female included), have periods when conception is possible, and that these are intermitted by other periods when they are barren, and this for the obvious reason that ova are periodically *only* matured and thrown off from the ovary. Fecundity, therefore, depends upon ovulation; and in a normal state ova mature, ripen, are thrown off at regular specific and stated periods, independent of sexual connection. Ova do not lose their vitality immediately, they are disconnected with the ovary, but maintain life for a specific length of time, under the normal favorable circumstances, and if during that period they are subject to the contact of the male germ, fecundation ensues, and the ovum becomes permanently endowed with the vital principle, and capable of maintaining a separate existence. But the ovum before fecundation has a life; it has a separate existence from the period of its maturation, until it is fecundated, or until it perishes for want of a fecundating principle.

Does the period of time in the life of the ovum at which fecundation occurs, have any effect in determining the sex of the future being? In answer to this question, we may reply that we do not know; but that many well observed facts indicate that the answer is in the affirmative; and further that an ovum fecundated early in its life, produces a female organization, while if fecundation is delayed, a male being is the result.

The period of heat in the lower animals and the menstrual period in the human female is that of ovulation of the maturation, and throwing off of the ovum. Fecundation, therefore, (or sexual connection with, though not actually equivalent, must practically be considered equivalent) should if occuring immediately after the establishment of heat in animals, or immediately after the cessation of the menses in the human female, be followed in accordance with this theory with the certain conception of a female. If, however, it be delayed to the extreme of the period when fertilization were possible, the conception would just as certainly be a male.

Do observations show results to be in accordance with the views above expressed? They do invariably, and with great precision, as may be determined by any experimenter who will take the trouble carefully to conduct his observations.

The laws of nature are compensatory—they have within themselves a governating, a regulating principle. This law of the sexes holds the even balance between the relative number of each sex, and if through any perturbating course, the relative proportion of the sexes is disturbed, the imme-

diate effect is to restore the proper equilibrium by producing in greater proportion the sex which may happen to be in the minority.

Suppose a herd of animals, composed almost exclusively of males. The females would be promptly fecundated with the result of a vast preponderance of females among the offspring; and this would continue in a decreasing proportion, until the normal relation of the sexes was obtained. The opposite condition of the community, composed almost entirely of females, would be followed by tardy fecundation, and through the same law by male offspring. And practically this is the fact.

The writer of this article kept a certain breed of fowls, celebrated as excellent layers, to supply eggs for table use. A large number of hens (more than thirty) were kept for several years with a single male bird, and no chicks were raised, the eggs being exclusively used for table purposes. It being considered desirable, after a time, to raise some young pullets, to supply the place of some hens which appeared to be getting old, one dozen and a half fresh eggs were selected at random, and placed under a fowl for incubation. Seventeen chicks were obtained, and sixteen were raised to maturity—of these fifteen proved to be male birds. The experiment was repeated twice or thrice with substantially the same results. It was found impos-ible to obtain more than two pullets from any one clutch, and one brood was composed entirely of male birds.

A friend of the writer then instituted at his suggestion the opposite experiment. He confined a single cock and hen in a small walk together for several months; a setting of eggs laid by that hen at the end of this time, produced eleven females, and three males. These observations are easily repeated by any one having sufficient interest in the matter, and a few fowls The cock being decidedly polygamous in his habits, the results of the experiments are decided, though they want the precision which is obtained from observations upon the mamalia, and especially on such as produce but one young at a birth.

Experiments upon the horse and cow, as conducted by the Swiss stockgrower, who has been mentioned in this connection, can easily be repeated, and will produce invariable results. It need scarcely be said that the observations should be carefully and judiciously conducted, and with strict reference to the elucidations of facts. It should also be borne in mind that all observations are occasionally liable to the error of *all* the facts in the case, not having been observed; and it may happen that apparant inconsistencies in results may be observed, which upon further investigation proved to be *only* apparent.

The laws of life are studied in the human race with great difficulty. Our life is so artificial, our bodies are subject to so many perturbating causes, that few practical results can be had, even from the most carefully conducted observations. In regard to the determination of the period at which conception is possible, there are obviously difficulties in the way of accurate observations that are almost, if not quite, insurmountable. The laws of human life are, however, the laws of animal life, and having determined the latter, we may, *mutatis mutandis*, write them down for our own race. As just now stated, experiments tending to make evident the above law, if such a law exists, or to disprove its existence, are easily repeated upon any or all of our domestic animals; care being taken to note well all the circumstances, and to eliminate all sources of error in observation, such experiments will furnish invariable results.

A Child Killed by Tobacco.

Dr. W. J. Tyrell writes to the Jackson (Ohio) *Standard*, that he was recently called to visit a child which was in convulsions. He tried various anti-spasmodics in vain, and the child died in twenty-four hours. The Doctor afterward elicited the following facts from the family. Some three weeks previous, the child (a sprightly little girl) had fallen upon the cooking stove, and burned and bruised her upper lip so badly that it was not yet healed. On the day previous to his visit she had been as well as usual all the forenoon. In the afternoon, her mother decided to heal up the sore lip. She accordingly emptied the ashes out of her pipe, then with her finger, wiped the oil from the bowl and applied it to the lip. She mixed some with lard, applying it also. The result, as above stated, was the child's death.

Medical Societies.

KENTUCKY STATE MEDICAL SOCIETY.

The Thirteenth Annual meeting of the Kentucky State Medical Society was held at Danville on the 7th and 8th of April, Dr. D. N. PORTER in the Chair.

Dr. STANHOPE P. BRECKINRIDGE was appointed Recording Secretary, *pro tem.*

A Committee on Credentials was appointed, to whom a large number of names of applicants for membership were referred, who were favorably reported on, and duly elected.

In his address of welcome to the Society, Dr. S. P. BRECKINRIDGE happily alluded to the fact that Kentucky's first great Surgeon, EPHRAIM MCDOWELL, who planned and executed the operation of Ovariotomy, lived, labored, and died in Danville.

We are sorry to observe that not one of the Standing Committees was ready to report.

Dr. J. D. JACKSON made an interesting report on the Transmissibility of Tuberculosis.

At the afternoon session Dr. L. P. YANDELL, Sen., read a paper on Epidemics in Kentucky during the past year. Drs. HOLLOWAY and BENSON made brief reports as delegates to the meeting of the American Medical Association in 1867. A report was made by Dr. BRECKINRIDGE on the Registration of Births, Marriages, and Deaths, for which the thanks of the Society were tendered. A tribute was made to the memory of the late junior Vice-President of the Society, Dr. C. L. JONES, of Harrodsburg. A communication was read from Dr. L. P. YANDELL, Jr., delegate from the Society to the International Medical Congress at Paris.

In the evening the Society attended a banquet given by the Boyle County Medical Society.

On Wednesday, the 8th, the Society met, and after some routine business, Dr. YANDELL read a report as Chairman of the Special Committee on Milk Sickness.

Lexington was, after considerable competition, selected as the next place of meeting. A Committee was appointed to memorialize the Legislature to make an annual appropriation to publish the Transactions of the Society.

The following resolution was offered by Dr. BENSON:

"*Resolved*, That it is desirable, in the judgment of this Society, to have a Medical Journal established in the State of Kentucky, and that as individual members, we pledge ourselves to encourage the same."

He stated that Dr. E. S. GAILLARD, editor of the *Richmond Medical Journal*, contemplated removing to Kentucky, and publishing his journal in Louisville, and this resolution was offered in the hope of inducing him to determine on said removal. Drs. BRYANT, BRECKINRIDGE, and HOLLOWAY, testified to the high personal, literary and professional character of Dr. GAILLARD, and hoped the resolution would be adopted. The same was adopted.

Dr. HOLLOWAY, Chairman of the Committee on Nominations, reported as fol'ows:

For President—Dr. WM. PAWLING, of Danville.

Senior Vice-President—J. W. F. PARKER, of Somerset.

Junior Vice-President—GEORGE BEELER, of Clinton.

Recording Secretary—STANHOPE P. BRECKINRIDGE, of Danville.

Corresponding Secretary—J. T. BOHON, of Milledgeville.

Treasurer—L. B. TODD, of Lexington.

Librarian—J. F. MCELROY, of Lebanon.

Committee on Publication—Drs. J. D. Jackson, of Danville; T. P. Satterwhite, of Louisville; W. S. Chipley, of Lexington.

The Society being entitled to send fifteen delegates to the American Medical Association, selected the following gentlemen: Drs. William Bryan, Geo. Beeler, Geo. Syng Bryant, Stanhope P. Breckinridge, J. M. Meyer, J. D. Jackson, Archy Cook, G. W. Bayless, T. P. Satterwhite, J. S. Wise, D. C. Tucker, R. Dunlap, J. M. Bodine, W. D. Evans. The President was authorized to nominate alternates and fill vacancies on the list.

At 7½ o'clock in the evening, the annual address was delivered by the retiring President, Dr. PORTER.

The Chairman announced the following Committees to report at the next stated meeting:

Standing Committees—On Arrangements—Dr. L. B. Todd, chairman; on Practical Medicine—Dr. W. S. Chipley, chairman; on Pharmacy—Dr. T. E. Jenkins, chairman; on Vital Statistics—Dr. Geo. Hunn, chairman; on Obstetrics—Dr. Geo. Syng Bryant, chairman; on Ethics—Dr. Samuel P. Craig, chairman; on Hygiene—Dr. J. W. Thompson, chairman; on Epidemics—Dr. S. S. Wise, chairman; on Surgery—Dr. D. W. Yandell, chairman, continued; on Botany—Dr. L. J. Frazee, chairman; on Finance—Dr. J. W. Benson, chairman.

Special Committees—On Uterine Therapeutics—Dr. J. B. Sparks, chairman; on Milk Sickness—Drs. Moorman and Beeler, continued; on

Registration of Births, Marriages, and Deaths—Dr. S. P. Breckinridge, chairman, continued; on Legalizing Dissections—Dr. J. D. Burch, chairman, continued; on Vaccination—Dr. M. C. Poynter, chairman; for Appropriation by Legislature, to publish Society's Transactions—Dr. Chipley, chairman; on Typhoid Fever—Dr. L. B. Todd, chairman.

On motion, the Society adjourned to meet in Lexington, on the first Tuesday in April, 1869.

MEDICAL SOCIETY OF WEST VIRGINIA.

The first annual session of this Society was held at Grafton, on the 1st and 2d of April. Dr. John Frissell, of Wheeling, President, took the chair, and the meeting was opened with prayer. Dr. M. C. Dougherty, of Grafton, welcomed the Society in a very neat address. After the election of members, the President, Dr. Frissell, delivered the annual address. It is very long, but able and interesting, the subject being the Progress of Medicine.

Dr. Hildreth, of Wheeling, chairman of Committee on Climatology and Epidemics, reported progress, and asked an extension of time.

Dr. Bates, chairman of Committee on Revision of Constitution and By-Laws, presented a report, which was adopted and ordered to be printed.

In the evening the Society again met, when Dr. Allen, of Wheeling, read a lengthy and interesting paper on the "Use and Importance of the Microscope to the Medical Profession."

Reports of cases in practice were made by Drs. Ramsey and Lazzell of Fairmont. A committee was appointed to prepare a fee-bill. Drs. Ramsey of Clarksburg, and Reeves, of Wheeling were appointed Essayists for the next meeting. Dr. Hupp of Wheeling, Treasurer, made a report showing a balance in the Treasury—an evidence of life.

The following officers were then elected for the ensuing year:

President—H. W. Brock, of Morgantown.

Vice-Presidents—Jacob Young, of Wetzel county; Thomas Kennedy, of Grafton; C. W. Bruce of Moundsville.

Secretary—A. H. Thayer, of Grafton.

Treasurer—John C. Hupp, of Wheeling.

Board of Censors—E. A. Hildreth, of Wheeling; G. W. Bruce, of Moundsville; Jas. M. Lazzell, of Fairmont; F. C. Shepherd, of Brandonville; R. H. Cummins, of Wheeling; M. C. Dougherty, of Grafton, and W. J. Bates, of Wheeling.

The Society met at 9, A. M., on the 2d. Dr. Richard Blum of Wheeling, read an interesting and instructive essay on the subject of Sanitary Science. A committee, of which Dr. W. H Sharp of Grafton is charman, was appointed on new remedies.

The following are the delegates to the American Medical Association, which will meet at Washington City on the second Tuesday of May, 1868: Drs. Thos. Kennedy, Grafton; R. H. Cummins, Wheeling; I. G. Wilson, Martinsburg; F. C. Shepherd, Brandonville; J. M. Lazzell, Fairmont; E. D. Safford, Parkersburg; and M. C. Dougherty, of Grafton.

Dr. H. W. Brock, of Morgantown, read his essay on "Hasty and Imperfect Reasoning in regard to the influences of Medicines in the cure of Diseases, reviewed as one of the sources of error in practical medicine."

Clarksburg was selected as the next place of meeting, and Dr. J. W. Ramsay as Chairman of Committee of Arrangements.

Various resolutions, votes of thanks, etc., were passed, when, on motion, the Society adjourned to meet at Clarksburg on the first Wednesday in January, 1869.

Editorial Department.

Periscope.

Arsenical Medication in Pulmonary Phthisis.

At a late meeting of the Academy of Medicine of Paris, M. Moutard-Martin read a paper on the value of arsenical medication in the treatment of pulmonary phthisis. He arrived at the following conclusions: 1. Arsenical medication has a very decided effect on pulmonary phthisis. 2. Its action is more efficacious in slow consumption than in the rapid form accompanied by fever. 3. Rapid consumption and granular phthisis are not at all modified by it. 4. In a great number of cases, even in the advanced phthisis with hectic fever, the general condition of the patients is favorably affected—at least, for some time, which occasionally is of considerable duration. 5. The modifications of the local lesions only occur at a later date. 6. A certain number of cures may be attributed to arsenical medication; and this method would give more results, if the patients did not too soon consider themselves cured, and if they had more perseverance. 7. To be efficacious, the treatment must be continued for a long time. 8. The arsenic should be administered in very fractional doses. 9. The daily doses of arsenic should not be larger than two

centigrammes, (about one-third of a grain.) 10. Arsenic agrees better with patients in the early stages, than with those who have reached the stage of true consumption. The most evident action of arsenical medication is one which reconstitutes, and secondarily modifies, the pulmonary lesion. However, certain facts proving that arsenic possesses a direct action on the respiratory function, it may have one on the pulmonary tissue itself and on the tubercle.—*Gaz. des Hôpitaux*, 9 *Janvier*, 1868.

A New Device for the Treatment of Fracture of the Patella.

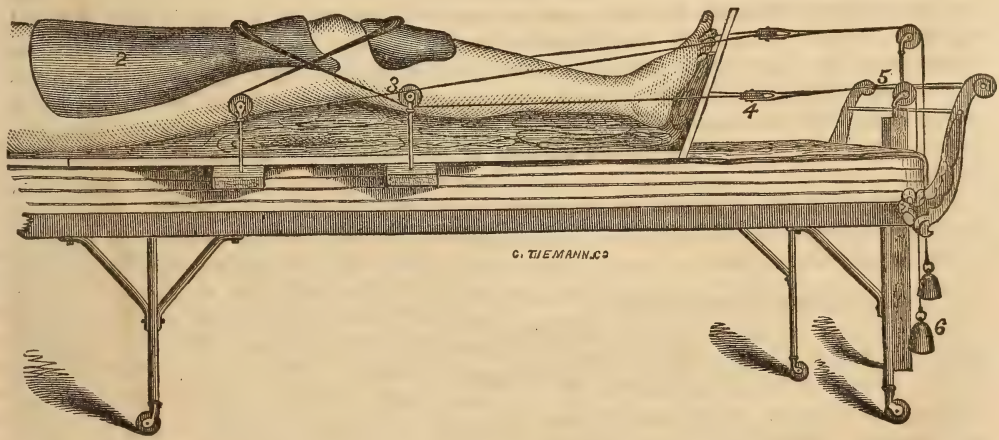
Dr. J. H. HOBART BURGE, of Brooklyn, N. Y., in a communication to the *N. Y. Medical Record*, says:

"The number of methods already in use for securing the best possible union after fracture of the patella is so great, and so much ingenuity and experience have been brought to the subject, that one could hardly excuse himself, for occupying afresh the attention of the surgical world, unless he felt sure that he had something of real value to contribute.

If the fracture be simple, and there be no considerable swelling of the limb, it will not be necessary to bandage from the foot. Should there be much local inflammation, an evaporating lotion should be applied till its severity is abated. In other cases we may proceed at once to the permanent dressing.

Place the limb upon a straight splint of uniform width, provided with a foot-piece, and comfortably padded. The foot may be elevated, or not, as seems best in individual cases. A substantial piece of sole-leather, of suitable length and width to cover the anterior aspect of the thigh, should be nicely fitted by narrowing it toward the knee and making its lower end concave, to adapt it to the upper border of the patella. Immerse it in cold water till it is thoroughly pliable. (If hot water be used, it will take too long to dry.) Pad it on one side with cotton-batting, and cover with cotton-cloth, neatly sewed on. Confine it to the limb by means of a bandage evenly applied. After a few hours it will be firm as a board. Then a small, strong cord, stitched across the lower end of the splint (2), is passed through a pulley at a lower level (3) on either side of the limb, and made to complete the circuit by traversing a pulley (4) beyond the foot. Another cord passes over the wheel (5) at the foot of the bed, connecting the flying pulley (4) with the weight (6). The lower fragment may be dressed in a similar manner, as shown in the engraving; further description is unnecessary.

The amount of extension and of padding, and the tightness of bandages, must, of course, be left to each surgeon's judgment. The smallest-sized metallic pulleys are cheaper, more appropriate, and just as efficient as larger. Those at the side of the limb should not be attached to the long splint,—it is better to screw them into



separate strips of pine board lying transversely under the long splint. Their distance from the limb, and their inclination from the perpendicular line, must vary in different cases; otherwise the cord will sometimes press unpleasantly upon the sides of the limb, or slip from the pulleys.

While my efficient House Surgeon, Dr. A. E. SPOHN, was dressing a case for me, he introduced what I have called the "flying pulley" (4), and I was glad to adopt it, equalizing as it does the pressure upon opposite sides of the limb.

When the leather splint has become dry and

firm, the bandage which secures it may be replaced by strips tied or buckled around, outside of both upper and lower splints, thus leaving the circulation free in the sides of the limb.

The straight splint upon which the limb rests, may be divided transversely, and strongly hinged opposite the knee, to enable the surgeon to make slight passive motion without disturbing the dressing; in this case, however, it will be necessary to support it upon another board.

The advantages promised by this apparatus are:

1. It leaves the injured bone so exposed to the surgeon's observation, that he need have no anxiety in reference to *tilting*, *side-slipping*, or *retracting* of the fragments.

2. It grasps so firmly, and yet so tenderly, the quadriceps extensor, together with the upper fragment of the bone, that it enables us to approximate the broken surfaces more completely than I have ever been able to do without violence.

3. It is comfortable to the patient.

4. It is inexpensive, simple in all its parts,—easily extemporized, and easily applied.

I am not unmindful of the fact that some are now treating these fractures without apparel of any kind, and I have no doubt that where the separation of the fragments is very slight, some of the best results will follow this plan of non-interference. This expectant method in surgical practice must, however, be the exception and not the rule.

Surgeons using this apparatus are requested to report their cases."

Brooklyn, 60 *Court street.*

Case of Extra-Uterine Fœtation.

Dr. F. Gilbert, of Detroit, gives the following case in the *Detroit Review of Med. and Pharmacy.*

"The subject of these notes was Mrs. H ——, a resident of Windsor. Aged about 28 years, of medium size and rather spare form, constitution frail, never strong, often complained of debility and lassitude; of a nervous temperament; she was prone to fits of palpitation and the subject of uterine disorders. She was especially liable to attacks of menorrhagia, for which I had more than once prescribed for her; and it was for this I was called to see her about April 14. At the time of this visit, she was suffering from severe abdominal pain, or in her own words, 'all over;' no part of the body, when touched or pressed upon, being free from pain. The tongue was moist and but slightly coated, the pulse weak and rather quick, skin pale and cool, countenance anxious, and the vital power low. The most marked feature of the case at the time, was the shrinking from touch and especially from any attempt at moving the body. So greatly did the nervous element predominate, as indicated by the excessive impressibility, that at first I was disposed to regard it as a little complicated with hysteria. Neither willing to risk too much 'masterly inactivity' on the one hand, or too heroically elevate, by first depressing, on the other, I pursued, as I supposed, a medium course. Under an anodyne and alterative treatment, the symptoms gradually gave way, and thus for a while she continued to improve, but with an occasional sharp twinge of pain shooting through the uterus. This last new feature of the case led me to make a vaginal examination with the speculum. The os uteri was somewhat engorged, and red, slightly tumefied, and covered with a light creamy coating, easily removed, showing the deeper color beneath. A few applications of solution of nitrate of silver dispersed both the redness and the coating. While flattering myself with the gradual but certain recovery of my patient, I was soon disappointed by the recurrence of her former attack of pain, etc., so modified, however, as to make it evident that I had to deal with pelvic inflammation. Increased fever, accompanied by a sense of fulness, weight, and pain in the region of the pelvis, just below the left ovary, corroborated my worst suspicion. At this juncture of affairs, Dr. Pitcher was called in consultation. At his suggestion, leeches were applied to the left iliac region, and followed up with a mild alterative and antiphlogistic treatment. Our patient rallied but slowly till suppuration took place, the abscess discharging itself into the vagina, with subsidence of all the unfavorable symptoms. For a while improvement was steady. But here again my prognosis was at fault; delusion succeeded delusion. Our patient had indeed so far recovered as to contemplate removal to another part of the town. Preparatory to leaving the house, in the attempt to use the vessel she felt something as she remarked 'give away.' Directly suffering was even greater than before, but of shorter duration. This event was followed quickly by difficulty in evacuating the bowels and in urination. An examination per speculum revealed retroversion of the uterus, its fundus pressing low down against the rectum, while the neck was bent at an acute angle. The bladder was lying against the right acetabulum; as a consequence, evacuation of the rectum and the frequent emissions of urine, never to exceed an ounce or two, were very painful.

"Owing to the extreme soreness of the parts, a forcible attempt at replacement at this time was not thought expedient. An attempt, however, was made by the use of a pessary, but of no avail. For some time subsequent to this, her condition was not so much marked by any improvement as by indifference, or rather anxious suspense. Still she so far mended as to be able to be removed to her mother's.

"Nothing discouraged, nor perseverance relaxed, a persistent effort was kept up, hoping, that with the aid of time and nature, two great restorers, the case would be brought to a happy issue.

"About the first of June, a slight elevation of the abdomen, corresponding to the left ovary, became perceptible, indicating a tumor in the pelvic cavity. What was it? The uterus was lying on the opposite side, and the fundus low down in the cavity. Had we now to deal with an ovarian tumor? She had menstruated twice during her present illness. Whence, then, the opaque, inodorous discharge from the vagina, giving a reddish tinge to the patient's linen? Did the frequent gushes of this fluid, accompanied with a peculiar popping noise, as if something had burst within, point to polypi or hydatids? There was no enlargement of the breasts, nor uterine hemorrhage. There was an entire absence of signs diagnosticating these abnormal growths; and how should we reconcile an increased discharge with increment of tumor? What was the import of that evidently placental murmur, or was it placental at all? Such queries were entitled to an intelligent reply. Was, then, our patient pregnant? Three facts, in my judgment, pointed in that direction, viz., the placental murmur, fœtal movements, and persistent enlargement of the tumor. I am aware of the inherent weakness of this inference as a logical conclusion, if the facts are regarded separately, since they as much need to be explained as the *other* fact which they attempt to account for. So far as other morbid conditions to which these facts *might* point, are concerned, I think they are negatived by an absence of *sustaining facts*, and thus by standing alone are mere *symptoms*, whereas if taken collectively, in a synthetical way, become a *sign* of the only condition to which they could reasonably refer. The conclusion is amply sustained by what followed. A further conclusion, based upon the misplacement of the uterus and the form and position of the tumor, was that it was a case of extra-uterine pregnancy. With this conviction, the important question remained, what could be done for the safety of our patient. While deliberating upon, or rather waiting for an answer from our patient, she was induced to seek relief, if possible, from other hands. We lost sight of her July 15. Her mother states, that about three weeks before her daughter's death, an exploring instrument was passed into the tumor through the abdominal walls; that this was almost immediately followed by chills, and in the course of a week or so, by severe pain and great enlargement of the trunk, and by copious vomiting of a green, slimy fluid. This continued almost without abatement, until from sheer exhaustion she expired, August 28.

"I received the following account of the *post mortem* appearances from a gentleman who was present: 'The fœtus was lying free in the abdominal cavity, and was considerably decomposed. I judged the rupture to have taken place ten days before. The left ovary had given way, and presented the appearance of a large membranous sac. The right ovary was normal, as was also the uterus. There was extensive peritoneal inflammation, with effusion of plastic lymph, and very firm adhesions to the abdominal walls.'

"As unfortunately for the patient as for medical science, no general rule, which shall meet all cases of this kind as regards operation, can be laid down for our guidance. There are cases, however, where all or nearly all the conditions would seem to justify such a procedure: and yet, if guided by experience, the greater number of recoveries have been without an operation. The powers of self-adaptation to all the inconveniences and dangers incident to extra-uterine gestation, whether ovarian, tubal, or interstitial, would quite nullify an operation merely for the fœtus, if we except those cases where suppuration has already occurred, demanding our aid for the exit of pus; and, indeed, these appear to be about the only, or at all events the most favorable cases for using the knife. 'In twelve cases of gastrotomy,' says CAMPBELL, 'performed *after* the suppurative process was well advanced, ten of the operations were successful. Of *nine* women operated on, however, during the *existence* of fœtal life or soon *after* its extinction, the whole died.' The only cases, therefore, in which an operation is almost imperative, are those where suppuration has taken place."

Absinthism.

Dr. AMORY concludes an article on this affection, common enough in Paris where Absinth *liqueur* is a favorite beverage, as follows:

Let us now examine the analogy between the two drugs, absinth and alcohol, in their therapeutical effects, and we consider them entirely

distinct and opposite. We will compare, side by side, the different symptoms as detailed in these last six experiments performed by myself (these six being selected from a series of thirty conducted by M. Magnan and myself in Paris last spring, with the exception of the last mentioned, which I conducted lately.)

Symptoms.

Absinth.	*Alcohol.*
Animal perfectly well for fifteen minutes, at the least, after the ingestion; with the exception of a few muscular twitchings and a slight uneasiness.	In a very few minutes symptoms of inebriation, resulting in torpor.
Muscular agitation, commencing in the *anterior* portion of the body.	Paralysis, commencing in *posterior* extremities, and then extending to the anterior.
No paralysis.	Paralysis of both posterior and anterior extremities in succession.
Epileptiform convulsions and rigidity, resulting in a rapid death.	No convulsions. Stupor, coma, resolution and a gradual death.
No apparent lesion, except, perhaps, a *slight* cerebral congestion, showing the cause of death to be intoxication of the poison.	Lesions of the brain and of the alimentary canal; gastritis and enteritis might have supervened, had the animals lived long enough for their development.

The epileptiform convulsions occurring in absinthism are the result of poisoning by absinth, and are not attributable to the alcohol contained in its *liqueur*.

The paralysis in alcoholism (whether by *absinth* or *cognac*) is due to the alcohol and not to the absinth.

The Use of Carbolic Acid in Surgery.

Dr. D. S. E. Bain writes as follows to the *Canada Medical Journal:*

"In the columns of the *Lancet* during the past year, Professor Lister, of Glasgow, was the first to bring before the medical world the uses to which carbolic acid could be advantageously applied, and notwithstanding the controversy which has since arisen on this subject, it must be admitted that Mr. Lister has the honor of having brought prominently forward in the columns of the *Lancet*, the uses to which this acid can be applied externally. From Mr. Lister's favorable description, I was induced to try it in various ways: the first was a case of carbuncle, only remarkable for the method of treatment. It occurred in the ordinary situation, viz., the nape of the neck; free incisions were made, and a pledget of lint, saturated with carbolic acid, was inserted in the wound, over which a solution of the acid in glycerine (℥j. to ℥j.), was used as the ordinary dressing. Within 48 hours the slough separated, leaving a clean healthy surface, which healed rapidly under the daily application of the acid in glycerine. From the marked success in this instance, I suggested its use in various degrees of strength, according to the nature of the affection. Thus in sloughing (syphilitic) ulcers, and in sluggish ill-conditioned sores on the extremities, this application has met *every* requirement in the most perfect manner. To cite other cases, a few weeks back, a serious gun-shot accident occurred to a young girl sixteen years of age, carrying away the greater portion of the lower jaw, wounding the tongue, and destroying much of the soft parts. The dressing, at my suggestion, consisted of carbolic acid and glycerine (℥j. to ℥j.), which was applied by saturating lint, and placing it *carefully* in all the crevices. The hæmorrhage, which was severe, ceased; and the subsequent discharge was healthy, without the slightest unpleasant odor; portions of bone came away in the shape of exfoliations, in some four weeks after the accident, without the slightest perceptible fetor, and I am happy to add that the girl is now convalescent.

"*Quebec, 12th February*, 1868."

"Nekrosoziac,"

Is the name of a new embalming process which according to the newspapers has lately been successfully tried in New York, the result of a trial of which we find described as follows:

Over two hundred members of the medical faculty assembled on Friday, April 24th, in the anatomical museum attached to Bellevue Hospital, to be present at an autopsy of the body of a female, aged about 30, dead 76 days, which had been preserved in life-like freshness by a new process of embalming called "nekrosoziac." Professor Doremus presided over the autopsy, in which several of the most distinguished physicians and surgeons of the city participated. This new process of embalming consists simply in a wash of the deceased body without wound or incision. Some of its specialties are to dispense with the old system of disemboweling, and extracting the brain; also avoiding mutilation or injection of any kind, and acting as a thorough disinfectant. The body operated upon this day was not in the slightest degree discolored; the features were as in life, and the smell as inoffensive as of a body twenty-four hours after death. The opening of the body revealed the fact that the bowels and brains, as well as the flesh, were free of the slightest appearance of taint or of smell. The limbs were as pliable as in life. Several of the

surgeons spoke in high terms of the extraordinary discovery as likely to work a revolution in the preservation and transportation of dead bodies. Another body preserved by the same process for one hundred and three days has been subjected to an equally satisfactory examination.

Reviews and Book Notices.

NOTES ON BOOKS.

Messrs. LEYPOLDT & HOLT, 451 Broome street, New York, have in press a work on the native religions of the American Indians, entitled, "The Myths of the New World," by Dr. D. G. BRINTON. It commences with a sketch of the red race, and examines their religious notions from the point of view of general anthropology. It will be ready about the first of May.

A complete treatise on diseases of the eye, by J. SOELBERG WELLS, is to appear in London next October. The book will contain 150 wood-cuts, and also chromo-lithographs, which have been taken, by special permission, from LIEBREICH'S Atlas d'Ophthalmoscopie. It will amount to 750 or 800 pages.

There can be no doubt of the great value of this treatise. Mr. WELLS has enjoyed every possible opportunity of becoming familiar with ophthalmology in the cliniques of Germany and France, and has for a number of years been connected with the Royal London Ophthalmic Hospital, Moorfields, and is on intimate relations with Mr. BOWMAN and Mr. CRITCHETT. His ability as a writer has already been exhibited in a treatise on refraction and accommodation, entitled, "Impaired Vision." None can be better qualified for the task he has attempted.

The two medical periodicals hitherto published in New Orleans have been consolidated under the name of "*The New Orleans Journal of Medicine*," and the second number now issued. The editorial department of the new journal is conducted by Dr. S. M. BEMISS and W. S. MITCHELL, assisted by able co-laborators for each special division of medical science.

Mr. T. K. COLLINS, of this city, proposes to issue, under the editorship of Dr. JOHN H. PACKARD, a Medical Directory, or register of the regular medical profession in Philadelphia. It will contain, besides a full list of practitioners, information in regard to the various schools, hospitals, charitable institutions, and medical societies; addresses of nurses, and such other matters as may be deemed appropriate.

Dr. RUPPANER publishes a letter in the *Medical Gazette*, in which he gives his reasons, or excuses for writing in the manner he did to the senior editor of the *Boston Medical Journal* about a review of Dr. R's work on laryngoscopy. We are glad that he feels the necessity of explaining such a document, but we cannot see that the aggravation justified him in so far forgetting those rules of courtesy which should ever be observed between medical gentlemen.

A Manual of the Dissection of the Human Body. By LUTHER HOLDEN, F. R. C. S., Assistant Surgeon and Lecturer on Anatomy at St. Bartholomew's Hospital, London. With Notes and Additions by ERSKINE MASON, M. D., Demonstrator of Anatomy at the College of Physicians and Surgeons, New York. Illustrated with numerous Wood Engravings. New York: ROBERT M. DEWITT, publisher, No. 13 Frankfort street. One vol., large 8vo., pp. 588, cloth.

A really good manual of anatomy is a book which is always welcome, and the work before us merits decidedly to rank among the really good. It is concise and clear, suited admirably to the requirements of the student, and useful to the practitioner who would keep in mind the relation of the parts.

As its title denotes, it is a manual of dissection, not an anatomical treatise, in the scientific sense of the term. It teaches the necessary incisions, and explains the parts as they come into view under the knife. This method has very many and obvious advantages for the student, and from the care with which it is carried out, and the pains taken to illustrate and describe fully each, we think the editor is justified in believing that it is the best guide that has yet appeared for use in the dissecting-room.

The additions made by the American editor have reference to the anomalies, the measurement and the weight of organs, and occasionally to points in surgical anatomy which the student should be mindful of while before the cadaver. They are carefully prepared, and add materially to the worth of the book.

The illustrations are one hundred and thirty-four in number, well cut, and generally well printed. Tables of the chief arteries and nerves are added, and also a table of muscles, arranged after the manner of Dr. BARCLAY, according to their actions. A full index closes the book, but there is no table of contents, which is to be regretted.

The publisher has done his portion of the work well, though we cannot help wondering why *manuals* must be printed of such large size.

Medical and Surgical Reporter.

PHILADELPHIA, MAY 2, 1868.

S. W. BUTLER, M.D., & D. G. BRINTON, M.D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require as little revision as possible.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

AMERICAN MEDICAL ASSOCIATION.

Several topics of great importance to our profession, have been discussed in medical circles during the last year, which might profitably be brought before the American Medical Association. We have already alluded to the growing necessity of drawing some line between M. D's. The title of the doctorate is fast loosing the respect and dignity which went with it some years ago. The creation of so many seven-by-nine, one-horse colleges, regular and irregular, all over the country, and the low standard of scholarship render the title of Doctor of Medicine no guarantee at all, that the bearer can read, write, and cypher, let alone that he is qualified to treat complicated diseases, and perform delicate operations. We need a chapter of colleges, and a uniform standard of education for the doctorate.

Then again, there is a series of questions arising out of the relations of apothecaries and physicians, vitally important to the interests and honor of the profession. The ownership of prescriptions, the custom of levying per centage on prescriptions, the sale of proprietary medicines, the adulteration of standard articles, etc., are inquiries which in this last year have been mooted in many secular as well as scientific journals. They *must* soon receive attention at our hands, or both the profession and public will suffer.

The rank of medical men in the navy is a disgrace to our standing, and we are glad to see that a committee is expected to report on this subject. We hope that steps will be taken on the receipt of that report, which will correct these present conditions, and give surgeons something nearer a becoming position.

For the honor of the profession at large, some examination should be ordered of the alleged sales of "American diplomas" in England, which has been several times referred to in the public prints of England during the last year, greatly to the injury of the credit of our physicians abroad.

Notes and Comments.

Pay your Postage!

A correspondent, Dr. Jos. Adolphus, late of Hastings, Mich., now of Logansport, Indiana, whose communcations to the Reporter have led to an extended correspondence, begs us to request his correspondents to inclose stamps to pay the postage on replies to their letters. We embrace the opportunity to make a similar request. Our correspondence is immense, and the burden of postage enormous. Our postage bill in 1867 was $349, and there was besides, a large amount of correspondence for which stamps were enclosed for answers.

Resignation.

The venerable Professor Robley Dunglison, who for so many years has occupied the chair of physiology in the Jefferson Medical College in this city has resigned.

Eye Clinic.

A clinic for the treatment of diseases of the eye has been instituted at the Jefferson College. It will be of great advantage to the students, as opportunities for studying this class of diseases, have not been numerous heretofore. It will be held on Saturdays at 12 o'clock.

University of Michigan.

It is stated that all but one of the members of the Medical faculty of the University of Michigan have resigned on account of the action of the Regents in establishing a chair of homœopathy.

Hard-Rubber Supporter.

We have been shown a very neat light abdominal supporter, made of hard rubber, and manufactured by I. B. Seeley, of this city. Having no covering, there is nothing to absorb moisture, and it weighs but a few ounces. It is so con-

trived, too, as to avoid pressure on the bladder, while, when warmed, the hard rubber moulds and adapts itself to the parts. Without having tested it, it looks like a useful addition to the various contrivances of its class.

Correspondence.

DOMESTIC.

On the Signs of Death by Drowning.

Editors of the Medical and Surg. Reporter:

The following case may not prove uninteresting to those of your readers who are occasionally entangled in medico-legal investigations, and perhaps to others, since the physician is always liable to be called to the assistance of the law in determining how, where, when, and by what means individuals have met with death.

On the evening of July 5th, 1866, the body of an unknown female was found in Bullough's Pond, Newton Centre, Mass. The appearance of the body, and the circumstances under which it was found, justified the suspicion that drowning was not the immediate cause of death. The corpse laid on the bottom of the pond, in about two and one-half feet of water, face downward, the head pointing toward the road, twelve feet distant, and being eight feet from the water's edge. The intervening space was occupied by a thick clump of bushes, hiding a rail fence. These did not indicate the passage of any one. A deposit of about eight inches of soft mud composed the pond-bottom. A few rods eastward, "down the road," was a gap in the bushes, through which a person might have passed to the water directly.

Nothing was elicited from a careful examination of the vicinity for foot-marks, etc. The body was, by direction of the coroner, removed to Lyceum Hall, where it was minutely examined. The fingers were half-closed and set; no abrasion of the cuticle, nor collection of dirt beneath the nails; throughout *rigor mortis* well developed, yet the body was unusually cold; the chest was not elevated; the tongue was thrust beyond the teeth, and firmly included between them, being pierced by the cuspids; no froth or any fluid exuded from the mouth, ears, or nose; pupils much dilated, the left more so than the right; no œdema discolorations; ecchymosis apparent about the body; abdomen and extremities showed considerable adipose tissue; intestines distended with flatus; no indications whatever of external violence.

On the afternoon of July 6th, assisted by Drs. Robinson and Jones, of Newton, I made an autopsy. The scalp was not congested; calvaria removed; no congestion of dura mater; anterior lobes of the brain perfectly normal; the cerebellum was found to be in a state of white softening; the optic thalami and corpora striata were in a state resembling soft pulp; the ganglia of the tubor annulare and medulla oblongata were intact, although the ramolissement seemed to be rapidly threatening the latter; the interior of the skull was carefully examined; no fracture, exostosis, or anything sufficient to cause death was found.

Thorax.—Lungs healthy; no œdema nor congestion; no froth in trachea; a slight amount in large bronchi.

Heart.—Evidence of old pericarditis; otherwise this organ appeared natural; no collection of blood nor clots in either of the cavities; large arteries natural.

Abdomen.—Stomach filled with its natural contents; intestines distended with flatus, little fecal matter; liver perfectly natural throughout; the gall-bladder exhibited a slight ulceration, perforating the interior and middle coats; spleen gorged with dark blood; kidneys, bladder, and appendages natural; the uterus was small, apparently never impregnated; internal diameter two inches, transverse one inch.

The medico-legal questions which may arise in connection with a body found under water may be arranged under the following heads: First whether the body was immersed before or after death; second, whether the individual has fallen into the water by accident, committed suicide, or been thrown in by others. First. The inference that the person was living at the time of the immersion is drawn from an attentive examination of the external state of the body, and from a careful anatomical investigation.

The body of a drowned person usually presents the following appearances: It is very cold, apparently colder than the actual temperature; the limbs are more or less stiff, according to the time that has elapsed since death; the visage is swollen, oftentimes dark-colored, sometimes pale; the eyes are half-open, with the pupils dilated; the mouth is filled with froth; the tongue is advanced beyond the teeth; thorax and abdomen elevated, the latter oftentimes being much distended—this condition is peculiar to those who perish in clear cold water, as the sea, rivers, etc. The ends of of the fingers ore oftentimes found rubbed or scraped, and dirt or sand similar to that on the bottom of the water, is found under the nails. Coupled with this is the negative sign of any-

thing which could have caused death previous to submersion.

The trachea and bronchi of a drowned person will be found to contain froth, oftentimes bloody. Lungs œdematous. The auricles and ventricles are filled with clotted or fluid blood, and the right auricle and ventricle generally more so than the left. The depressed diaphragm and stomach containing suspicious fluid, are signs not to be neglected. (Orfila states that the latter is the only reliable sign of submersion during life, as a struggling person would naturally swallow the fluid in which he was submerged.) The brain, also in this case, will show a certain turgidity in its vessels, oftentimes in exact proportion to the delay or speedy approach of death.

I have myself noticed a peculiar expression of countenance, which is never forgotten by those who have once seen a drowned person, and there are those who hold this to be an infallible indication.

The proofs then of death before submersion would naturally be deduced from an absence of the various signs above enumerated. These being found wanting, and, should any marks of violence exist about the body, or suspicious circumstances be brought forward in evidence, in connection with the last moments of the deceased, there would be ample grounds for suspecting foul play.

In the present case death by drowning is not proven. In the absence, then, of all external appearances of death by physical violence, we find ourselves discussing probabilities.

This individual might, in a fit of temporary derangement, have wandered into the water, and met with instantaneous death from syncope, or sudden stoppage of the heart's action, from the nervous shock involved by suddenly becoming conscious of the circumstances in which she was placed, in which case she might not have breathed or swallowed after immersion. Or she might have received a severe fright, causing instant death, and have afterward been placed in the water.

Violence might have been used sufficient to cause death by syncope, with no external mark sufficient to determine the nature of said violence, as, per example, blows upon the head, epigastrium, neck, or clavicle. *The condition of the brain was such that sudden death was imminent at any time.*

It was testified at the inquest, that this woman was occasionally deranged, and that for some time antecedent to her death she was "*strange in her conduct.*" It was furthermore testified that she had been, on the day previous to her death, a considerable distance from home, in the direction of Bullough's Pond, for the purpose of collecting certain rents due her, which it was not shown that she had received. There were eight inches of soft mud where she was found on the bottom of the pond. She wore slippers and white stockings, yet these did not indicate that she had walked in the water. The evidence was incomplete, and the jury brought in a verdict accordingly; expressing themselves strongly of the conviction that this woman had wandered into the pond in a fit of temporary derangement, and died suddenly before her face became submerged in the water.

Chandler B. Braman, M. D.

Brighton, Mass.

Permanganate of Potash in Rheumatism.

Editors Medical and Surgical Reporter:

As the above remedy has been favorably mentioned in rheumatic cases, I wish to give you, very briefly, the result of a few trials made with it during the past winter.

The first case was that of an old soldier, who had previously suffered from attacks of chronic rheumatism, affecting the shoulder-joint. He could not move his arm without great pain, and was entirely unable to attend to his duties. Ordered:

℞. Potassæ permanganatis, gr. ij.
Syr. sarsaparillæ, f.℥j.

M. et. solve. One teaspoonful three times a day.

In four days he was well. He says all his previous attacks lasted five or six weeks.

Case 2. A soldier on duty as messenger at head quarters Detroit, aged 40 years. In his case, the seat of the affection was the ankle-joint. Local symptoms, redness, pain and tumefaction. Directed the permanganate as above. Eight days after he commenced the medicine he was well, and returned to duty.

Case 3. Irish female servant, aged 35; affected with chronic rheumatism of the elbow and wrist-joints, unable to use her arm, and had to quit all work. Had suffered from previous similar attacks frequently during the past year. Under the use of the permanganate for ten days was relieved, and has not suffered since, for a period of four months.

Case 4. This was the case of an old officer of the army who had rheumatism of the shoulder-joint, affecting also the articulations of the clavicle and intercostal muscles, accompanied by fever at night, and profuse perspiration toward

morning, of a sour and disagreeable odor. Urine clear when passed, depositing, on cooling, a red brick dust sediment. Ordered permanganate as above. Some years ago, he says, he had a similar attack, which laid him up for six weeks.

After three days he began to improve, and in ten days was well, complaining only, occasionally, of some slight twinges on exposure to cold and damp weather.

As rheumatism, when uncomplicated, may subside with great rapidity without treatment, or, under every variety of remedy, it may be that no correct inference can be drawn from the use of any particular medicine, in a limited number of cases, but making all due allowance, I have been most favorably impressed with the permanganate, especially when I contrast the results obtained, under its use, with all my previous experience in the treatment of this obstinate disease.

W. S. KING,
Brev't-Colonel and Surg., U. S. A.

Detroit, Michigan.

Drainage Tubes.

EDITORS MEDICAL AND SURGICAL REPORTER:

Will you answer a contributor of your Journal, some facts concerning drainage for tubes? For what cases they are applicable, and if they would be in the following case?

A boy about sixteen years of age has caries at or near the tibio-dorsal synchondrosis of the inner or pelvic side! It discharges pus from the groin, and has for more than a year. The pus keeps the surface of the groin excoriated continually.

Now, would a tube of the kind stated, prevent this excoriation? And if so, please recommend one that would be applicable to the case.

Respectfully,
C. BLODGETT, M. D.

Holyoke, Mass.

[We refer the writer to CHASSAIGNAC'S book itself, or full and satisfactory details in regard to surgical drainage. Our space does not allow us to give even a partial analysis of the labors of that skilful French surgeon in this direction. We shall simply state his plan in a few words. It consists in inserting small India-rubber tubes, perforated with small holes into any suppurating canal, cavity or abscess, to gradually drain off the pus secreted therein. And it is particularly in regard to those cases in which the pus is formed about carious bone on the principle of drainage is of great importance. The particles of the eroded bone mixed with the *debris* of soft tissue surrounding them, cannot be absorbed, but remain where they are cut off, penetrating in various directions, and thus help to keep up irritation and aid in the dispersion of the suppurative action. Here it is plain that the tube will answer an admirable purpose in keeping the source of a prevalent discharge free from any undue accumulation in the part, and so far tends to arrest the progress of the disease in the bones. The plan is more particularly adapted to superficial parts, when the tubes can be placed across the cavity where the pus is being formed. In this manner, in caries of the tarsus, depending upon scrofulous disease, you may pass two or three tubes if you please, right through the midst of the bones.

In the case you mention, we think, if you can trace out the sinus leading down to the point where the diseased action is going on, there is no doubt but that you will not only in a great measure avoid the slighter inconvenience of excoriation of the groin, but will also confer a further service upon your patient in employing a means that will tend to limit the morbid action going on in the pelvic cavity.

The practical difficulty in the way of applying the drainage tube in the case, arises from the fact that the pus in working its way from the carious sacro-iliac synchondrosis to the surface, generally furrows sinuses in such devious directions, that it would be exceedingly difficult, if not impossible, to put the perforated extremity of the tube right in the foyer of diseased action, which in our opinion would be a necessary condition for successful drainage. We would, however, advise you to try it.—EDS.]

A Simple and Easy Mode of Operating for "Fistula in Ano."

EDITORS OF MEDICAL AND SURGICAL REPORTER:

If you think the following communication may be of advantage to your readers, please publish.

Introduce through the anal orifice a *fenestrated rectal speculum*, insert a probe into the fistula, and search for its internal opening, which, if the fistula is *complete*, may be readily discovered by gentle pressure of the end of the probe upon the mucous membrane opposite the *vacant* space in the speculum, or should an internal opening not be found, the end of the probe will indicate precisely *where one should be made*. The operation is then quickly finished by the introduction of the knife guided by the probe, and the severing of the parts in the usual way, its point being entirely protected and visible to the eye by means of the *fenestrated* speculum.

The advantages of this mode of operating are

obvious. You avoid all possibility of cutting the finger, and greatly facilitate the introduction of the probe or knife through the internal opening, or, in the making of an internal opening should the fistula be incomplete.

I have operated several times in this way to my entire satisfaction.

Rob't B. Browne, M. D.

Janesville, Pa.

"The Blue Baby."

Editors Medical and Surgical Reporter:

Some time last summer, I was called to see an infant, popularly known down in the pine woods where the parents lived, as "*the blue baby.*" Being something new to me, pathologically, I have concluded to ask the brotherhood for *light* on the subject. It was some four or five months old when I was called in consultation with the attending physician to see it. It had been blue from birth, and never well. The skin was blue all over it, the color deepening on the lips, in the mouth and toward the extremities of fingers and toes; feet and legs slightly œdematous, respiration hurried and laborious, chest unnaturally short, and instead of the oval form of the breasts of healthy children, it came off sharp into a sort of ridge. The good old ladies (the irrepressible doctresses) said it was the hives that had produced the color; but I know nothing of that disease, any further than that the feces of sheep is a universal panacea, and that nearly all of us—however revolting to us now—have drank more or less of it. My opinion, however, is, that the eruption known as hives, and the bold hives, etc., is caused by the washing of babes, denuding the skin of the albuminous matter, and the too stimulating effect of the air. Were they oiled and dressed, there would be but little or no eruption of the skin.

But to return; my diagnosis of the case was, that the color of the skin and subsequent death of the child was caused by a deformity of the chest, preventing a sufficient ingress of air to oxygenate the blood. This child was very little larger at five months old than at birth—said to have been small and feeble when born. Is there any disease of the blood, or any of the component parts of the economy that will give rise to such symptoms as above described, except carbonized blood? As stated before, the child was blue from birth, with an abnormal formation of the chest. Now, as the enlightened, "regular bred" physician never withholds any knowledge which he may possess from his less informed brethren, I would like to know whether my opinion was correct in this case, and if not, what disease or condition would give rise to such a phenomenon as a blue skin. What was the matter with the "blue baby?" W. B. Tackett, M. D.

Cuthbert, Ga., April 8th, 1868.

Bromide of Potassium in Whooping Cough.

Editors Med. and Surg. Reporter:

Allow me to give you a case in practice that may be of some benefit to those of your readers that are not already acquainted with the fact.

It is that of a child, eighteen months old, that was attacked with "whooping cough," and the family thinking it of not much consequence, medical advice was not sought; but to their disappointment, the child got worse, having convulsions every hour, lasting from five to fifteen minutes.

I was asked to see it on Saturday, but being absent, did not see it until Sunday morning. Found it with a hurried respiration, quick pulse, and the usual symptoms of the disease, such as a suffocating, convulsive cough, no paroxysms. Ordered warm bath, and sinapisms to the breast, and after exhausting the usual remedies without apparent success, (including camphor and chloroform,) and seeing that death would soon relieve the little sufferer, if I did not, I struck off on another track, administered "bromide of potassium," in 1½-grain doses every two hours, in solution, with the happiest effect, as the child is now well and hearty.

I have always been of the opinion that the cough depends on an irritation of the respiratory nerves, and is consequently spasmodic, and knowing the value of bromide of potassium as a spinal sedative, administered accordingly, with the above results. James S. Lewis, M. D.

Farmington, Pa., April 13, 1868.

News and Miscellany.

Respiration of Animals.

M. Reiset, in a memoir to the French Academy of Sciences, gives an account of his experiments on the exhalations of calves, sheep, etc. The apparatus used by him was large enough to inclose the whole animal. Under normal conditions he found, during the respiration of calves and sheep, that carburretted hydrogen was given off in considerable quantity; but this was not the case when calves were fed upon milk. M. Reiset regards carburetted hydrogen as the result of incomplete combustion, and draws the general conclusion that the respiratory products depend

much more upon the nature of the food than upon the species of the animal.

Mustard Paper.

When we noticed in the REPORTER of April 11th, a mustard paper prepared in Paris, we were not aware that a similar preparation in all respects was manufactured in this city. Mr. B. J. CREW, Chemist, 25 North 6th Street, in this city, has shown us his prepared sinapisms, which possess, in all respects, the advantages claimed for the Paris preparation.

Specimens will be sent to those desiring them by enclosing a stamp to the above address.

Fougera's Cod-Liver Oil.

According to the *New York Medical Gazette*, a trial has been made during the past autumn and winter of FOUGERA'S Cod-Liver Oil in the out-door department of Bellevue Hospital. The *Gazette* says: "The advantages claimed for Mr. FOUGERA'S cod-liver oil, are, that by reason of the addition of iodine, bromine, and phosphorus, it is more efficacious, and at the same time the stomach need not be disordered by an excessive amount of oil administered. This oil was given to about eighty patients, about thirty of whom were children, the remainder belonging chiefly to the department of chest diseases. The opinion of the physicians using it is nearly unanimous to this effect: that the oil is of decided medicinal value; that compared with cod-liver oil, it appears to take effect more rapidly; and that it obviates the very common necessity of adding extemporaneously to the oil, medicines containing iodine or iron, particularly the syrup of the iodide of iron." This very soon becomes decomposed, forming a very unsightly mixture. The above testimony is corroborated from various sources, from all parts of the country.

The formula of the Cod-Liver Oil, (as given by Mr. FOUGERA,) is, that in addition to the natural amount of iodine, bromine, and phosphorus, each quart contains,

Of Iodine,	- -	16 grains.
" Bromine,	- -	2 "
" Phosphorus	-	2 "

which renders its curative properties more valuable, and enables the patient to take into the stomach a sufficient amount of the chemical substances in the fatty matter, (thereby preventing nausea and over-taxing, etc.,) tending to assist assimilation, and digestion, etc.

In the East, South, and far West, it is fast gaining a strong hold among the members of the profession, who have given it a thorough and impartial trial; and the good effects obtained from it have been commented upon by medical journals in all parts of the United States. It is over eight years since it was first introduced to the medical profession in New York and Brooklyn, and since then it has gradually and steadily increased in favor with the profession, and may now be regarded as among the standard preparations of the day.

The Richmond Medical Journal.

Dr. E. S. GAILLARD, editor and proprietor of "*The Richmond Medical Journal*," Va., having resigned the Professorship of General Pathology and Pathological Anatomy in the Medical College of Virginia, and having accepted a similar Professorship in the Kentucky School of Medicine, the journal mentioned will hereafter be published at Louisville, Kentucky. The title of the journal will be "*The Richmond and Louisville Medical Journal.*"

The following gentlemen have become associate editors of this work: Professors G. S. Bedford, New York; T. S. Bell, Louisville, Ky; J. C. Cabell, University of Virginia; S. E. Chaillé, New Orleans; S. C. Chew, Baltimore, Md.; J. J. Chisholm, Charleston, S. C.; S. H. Dickson, Philadelphia; F. H. Hamilton, New York; J. M. Holloway, Louisville, Ky.; L. S. Joynes, Richmond, Va.; Z. Pitcher, Detroit, Michigan; Lewis A. Sayre, New York; Alfred Stillé, Philadelphia; T. Gaillard Thomas, New York; W. H. Van Buren, New York.

All communications should be addressed to E. S. GAILLARD, M. D., Locked Box 29, Louisville, Kentucky.

Reduction of Carbonic Acid to Oxalic Acid.

Dr. E. DRECHSEL has achieved a triumph in synthetical chemistry by producing the oxalate of soda by means of carbonic acid. A mixture of pure sodium and dry sand is heated in a flask to about 350° C, over which a stream of dry carbonic acid is rapidly passed. After a few hours the metal becomes red and ultimately black. To avoid the reduction of the carbon, the heat should be moderated in the latter part of the operation, and the whole slowly cooled. Left in the air to oxidize and then exhausted with water, about one-tenth of the mass is found to be oxalate of soda. In the same way oxalate of potassa may be obtained from an amalgam containing 3 per cent. of potassium.

Pyrogallic Acid.

The old process for making this compound, usually gives only twenty-five per cent. of the weight of gallic acid employed. Messrs. De Luynes and Esperandien, by the action of heated water, transform gallic into pyrogallic and carbon acid. Into a brass cauldron having a tightly-fitting cover, they introduce gallic acid with two or three times its weight of water. The cauldron is then heated to 200° or 210° C, and that temperature is maintained for nearly two hours, when the solution of pyrogallic acid will be found slightly colored. The color is removed by bone black, and the water by distillation. A clear white product may be obtained at once by distilling the gallic solution *in vacuo*.

—— A New Medical Senator.—It will be recollected that Dr. Conneau, the physician-in-ordinary to the French Emperor, has for a long time been connected with the Imperial family, and that it was through his clever contrivance that Napoleon the Third escaped from Ham. The latter has always shown himself grateful to his medical adviser, and has lately created him a senator. Several French medical papers wonder why this favor was not granted long ago.

NAVY NEWS.

List of changes in the Medical Corps of the Navy during the week ending April 25, 1868.

Ass't Surgeons E. B. Bingham, and H. M. Rundlett, promoted to Passed Assistant Surgeons.

Drs. Peter A. Callan, R. A. Marmion, Wm. S. Willis, and Porteus P. Bielby, appointed and commissioned Assistant Surgeons.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

Gallaway—Williams.—In New York, April 20th, at the residence of the bride's father, by the Rev. F. W. Williams, Robert M. Gallaway, and Lizzie A., daughter of M. W. Williams, M. D., all of that city.

Hawthorne—Bayard.—At the Church of the Holy Communion, New York, April 16th, by the Rev. R. B. Post, assisted by the Rev. F. E. Lawrence, J. N. M. Hawthorne and Elizabeth A., daughter of the late Wm. Bayard, M. D., of West Farms, N. Y.

Holahan—Fulton.—April 6th, at the Presbyterian Church, York, Pa., by the pastor, Rev. H. E. Niles, Dr. John T. Holahan, of Emporium, and Miss Alcesta Fulton, of York.

Hughes—Morrow.—On the 9th of April, by the Rev. J. H. Byers, Dr. S. S. Hughes and Miss Belle M. Morrow, both of Wadesburg, Mo., formerly of Wayne co., Ohio.

Loring—Chouteau.—In St. Louis, Mo., April 2d, at St. Malachy's Church, Leonard Y. Loring, Ass't Surgeon U. S. A., and Miss Sophia L., daughter of Pierre S. and Louise L. Chouteau, of St. Louis.

Pasley—Wingett.—April 9th, in Moultrie co., Ill., by the Rev. Clarke Loudon, Dr. B. C. Pasley and Miss Elizabeth Wingett.

Southmayd—Larned.—April 22, at Elizabeth, N. J., by the Rev. Mr. Aikman, Samuel G. Southmayd, M. D., and Maria C. Larned, daughter of George Larned, Esq.

Stout—Purdy.—April 21st, at St. Paul's M. E. Church, corner of Fourth Avenue and Twenty second street, New York, by the Rev. John McClintock, D. D., Mr. Joseph S. Stout and Miss Julia Frances Purdy, daughter of Alfred S. Purdy, M. D., all of New York.

Swalm—Raymond.—April 21, at the residence of the bride's parents, by the Rev. J. G. Bartholomew, W. Frank Swalm, M. D., and Mrs. Anna K. Raymond, all of Brooklyn.

Terriberry—Stoutenborough.—In Paterson, N. J., April 22, at the residence of the bride's parents, by the Rev. Dr. Joseph Banvard, Dr. G. W. Terriberry and Mattie G., youngest daughter of A. Stoutenborough, Esq.

DIED.

Baldwin.—In this city, April 22d, Charles Loxley, only child of Dr. L. K. and Sallie G. Baldwin, aged 16 months.

Benjamin.—At Greenpoint, L. I., April 24, Henry G. Benjamin, M. D., in the 45th year of his age.

Bennett.—In Bridgeport, Conn., April 21st, Dr. Hanford N. Bennett, aged 50 years.

Bowman.—In Montreal, Canada, Feb. 22d, Dr. Wm. E. Bowman, aged 46. Dr. Bowman was formerly editor of the *Canada Lancet*, and a man of learning, ability, and energy.

Ford.—In New York, April 20, Mrs. Maria N. Ford, daughter of Dr. A. M. Fowler, of Washington, Ct.

Gerhard.—In Delaware, Ohio, April 20th, of rheumatic fever, Dr. M. Gerhard, after an illness of ten days.

Scribner.—In New Albany, Ind., April 16th, Dr. Scribner, one of the oldest and most respected citizens of that city,

Skinner.—In Enfield, N. H., March 13, B. F. Skinner, M. D, aged 38 years and 3 months.

Smallwood.—At Huntington, L. I., April 18, Annie T., wife of Dr. Samuel B. Smallwood.

Smith.—In this city, April 20th, Evelyn W., second daughter of Dr. Henry Y. and Ellen L. Smith, aged 4 years and 5 months.

Strawn.—In this city, April 25th, Dr. Benjamin F. Strawn, aged 30 years.

Van Buskirk.—Recently, in Gerham, Ohio, probably from the effects of an overdose of chloroform, inhaled when alone, for the relief of a nervous headache, Dr. J. T. Van Buskirk, a graduate of Jefferson Medical College of this city,—a worthy and scientific practitioner.

ANSWERS TO CORRESPONDENTS.

Dr. W. C. W., of Ark.—"How cheap can a case of instruments be had, containing a female catheter, porte caustique, etc." About $12 00, and from that up to $30.00.

Dr. R. D. W., of Pa.—"What, in your opinion, is the relative medicinal value of cod-liver oil, as ordinarily bought in the shops: compound iodinized cod liver oil, and cod-liver extract, or dragées?" We think the value of these preparations depend on the character of the case to be treated. Iodinised oil has been found peculiarly efficacious where a decided alterative effect has been desired, and the extract is well adapted for persons whose stomachs are weak, and where the oil is not well borne.

METEOROLOGY.

April,	13,	14,	15,	16,	17,	18,	19.
Wind	N.	S.	S. W.	S.	S. W.	N. W.	S. W.
Weather	Clear.	Cl'dy. w. f. Rain.	Cl'dy. Sh'ry.	Cl'dy. Rain.	Cl'dy.	Clear.	Cl'dy.
Depth Rain		2-10		1 2-10			
Thermometer.							
Minimum	16°	24°	36°	45°	50°	44°	37°
At 8, A. M.	21	40	48	59	64	50	48
At 12, M.	34	49	62	63	65	53	56
At 3, P. M.	34	49	60	63	64	54	58
Mean	26.25	40.50	53.75	57.50	60.75	50.25	49.75
Barometer.							
At 12, M.	30.4	30.4	30.1	30.	30.	30.5	30.6

Germantown, Pa. B. J. Leedom.

THE

MEDICAL AND SURGICAL REPORTER.

No. 584] PHILADELPHIA, MAY 9, 1868. [Vol. XVIII.—No. 19.

Original Department.

Communications.

INSTRUMENTAL DIAGNOSIS.

By Philip S. Wales, M. D.,
Surgeon, U. S. Navy.

(Continued from page 381)

Endoscopy.

Urethral examinations are more easy and satisfactory than those of the bladder itself. For this purpose we need only the straight tube with an open extremity. The mucous membrane is then displayed to the eye without the interposition of a glass plate. In a healthy urethra, the color of its entire length is of a pinkish tint, except a small portion of it corresponding with the bulb, which is much deeper. When the tube is drawn along the canal the membrane closes over its extremity and presents a small illuminated disc with a small depression in its centre and radiating line from this to the circumference, indicating the position of the longitudinal folds of the urethra, which, during the movement of the tube, seems to be in motion, passing from the periphery of the disc into the little pit at its middle.

The examination having been undertaken, and the patient placed in the position above indicated, the tube of the instrument, armed with its stylet, is to be carefully passed into the canal down to the membranous portion. If carried any further, the disadvantage of the procedure will be made manifest by the sudden escape of a quantity of urine into the tube, after the withdrawal of the stylet.

During the manipulation, should any blood be caused to enter the tube, an attempt may be made to sponge it out with a little piece of raw cotton, securely twisted upon the end of one of the wires furnished with the instrument. Should it, however, become coagulated, this manœuvre becomes difficult, if not impossible, and it will be better in order to effect this purpose and to save time, to withdraw the tube, remove the obstruction by passing a stream of water through and re-introduce it. If a bit of cotton should escape into the urethra, and cannot be removed by hooking it out with the wire, it need give no alarm, as the stream of water, the first time the patient urinates will bring it to light.

When it is cleared, the lamp is then affixed to the tube, and the instrument slowly drawn toward the observer, so that every portion of the membrane may be narrowly scrutinized. Morbid changes in its texture will be made known in three ways: by the change in color, the alteration in the character of its surface, and by the manner in which the membrane shuts down upon the tube.

The color of the urethra will vary in its tint according to the amount of vasculosity of the part, and in order to determine what is and what is not pathological, will require the eye of the observer to become familiarized by repeated observation, with the color accompanying the varying morbid changes of the urethra in the living subject. In the dead subject, the anterior portion of the urethra is pale, and its bulbous portion purple, due wholly to alterations taking place after death, so that no advantage can be gained in endoscopic examinations on the cadaver beyond the necessary skill they confer in handling the lamp.

Alterations in the form of the surface of the urethra consist principally in the production of granulations upon it, and thickening of the mucous membrane forming the variously shaped strictures.

The granulations may be scattered over the surface or restricted to a certain portion, most

generally to the bulb. They also vary in size, from minute dots to mamillations of some size which may even obstruct the urethra. This condition is always accompanied by discharges of some sort, which are commonly very obstinate, and resist the usual method of treatment by injections, and the internal administration of copaiba and cubebs.

Case 3. Andrew H., a young man contracted gonorrhœa about six months ago. He had undergone various sorts of treatment under different persons, sometimes using injections, at other times, internal remedies. His habits have been, during the whole period of treatment, very irregular, indulging in wine, and when favorable opportunity offered, in women. When the above treatment had been pursued regularly, and he had abstained from stimulants, the discharge diminished in quantity and consistence; but always medicines were abandoned and the use of liquor resumed when he thought himself on the eve of a cure.

At present the discharge is thin and small in quantity. An endoscopic examination was made, and granulations found upon the bulbous portion of the urethra. A solution of nitrate of silver of the strength of 15 grs. to ʒj of water was applied to the part with raw cotton, mounted upon a wire. Some irritation and pain followed the application, and the discharge increased in quantity and became thicker. This decreased, and at the end of five days the medication was repeated.

The granulations were thus repeatedly cauterized and finally destroyed, the discharge ceased, and at the end of thirty-nine days the patient was cured.

Case 4. C. P., aged 21, reported himself as having had a gleety discharge for the last four or five months, the result of gonorrhœa which he himself had undertaken to cure by injections. An endoscopic examination showed several patches of granulations along the spongy portions of the urethra. Applied solution of nitrate of silver—20 grs. of the salt to a fluid drachm of water. There was some aggravation of the symptoms at first, but the irritation soon passed away, the discharge remaining about the same as before. Repeated the application at intervals of five or six days, but the case did not progress toward a cure. I then used a solution of the chloride of zinc, x grs. to the drachm of water. In a few days a very decided change was effected in the appearance of the granular patches, the discharge ceased after a tedious treatment of upwards of three months.

Other cases of the same character were treated either with the muriate of silver or chloride of zinc, after seat of the granulations had been fully and accurately ascertained by endoscopic examinations.

The third sign of urethral diseases as shown by the endoscope, is the mode in which the membrane closes up the ends of the tube during the time it is being withdrawn slowly from the canal. As already stated in a healthy urethra, this is gradually effected by an apparently uniform motion of the membrane from all sides of the periphery of the area of vision towards a central depression. In stricture or any induration of the membrane on the contrary, this closure is effected abruptly, provided, of course, the instrument can pass the obstruction, so that its gradual withdrawal may develope this phenomenon. Where the tube cannot pass, the examination will necessarily be limited to the anterior force of the arctation; and in this manner the size, shape and position of the constructed orifice may be ascertained. This information should not be lightly esteemed, inasmuch as guided by it, we may be enabled to pass a small bougie into a constriction that had before resisted all our efforts; caustic applications, solid if you please, may be made directly to the tissues involved in the disease; and even the knife may be passed down, directly under the eye of the surgeon, to the stricture, and its incision effected. It will be found that the strictured orifice will vary in shape and position, being sometimes round or oval, at others linear or irregular; it may occupy the centre of the area under inspection, or present a little to one side.

In the healthy rectum, the appearances presented at the bottom of the endoscopic tube are similar to those seen in the urethra, only that the area is much larger, and all its details are much more evident. The mucous

membrane covers the end of the tube in a similar manner, presenting the central aperture, and as the tube is slowly withdrawn, it closes down uniformly. When the bowels is strictured, or is the seat of tumors, hemorrhoidal growths, or otherwise altered in its integrity, there is a very different field of view present; the aperture is diminished, removed to one side, irregular in its outline, or simply presents an eliptical form around a portion of the margin of the tube.

The following case, for the opportunity of examining which, I am obliged to the courtesy of Dr. MAULSBY, will illustrate some of these changes.

Case 5. J. S., Seaman, aged 30. Has been in bad health for some time, depending upon derangements of his chylopoietic organs. He was admitted into the hospital with hemorrhoids; the anus presented several little bluish excrescences of this sort; there was some pain felt in the rectum, but when the finger was introduced, no enlargement of the hemorrhoidal veins could be felt.

The large rectal tube of the endoscope was introduced eight inches, and the mucous membrane examined at the highest point. It presented a healthy appearance, or perhaps was a little more injected than natural; as the tube was withdrawn at a point about five inches from the exterior, the membrane was exceedingly injected, large vessels could be seen passing in every direction. Further down still, the central aperture of the membrane over the end of the tube moved to the right and became elliptical, indicating clearly the projection of a little hemorrhoidal tumor on the left side of the rectal wall; the redness of the part in the neighborhood being exceedingly marked. Moving the tube still more, the central depression became tripartite, and occasionally presenting nothing but a vertical slit, extending vertically across the area under observation; alterations which are unquestionably connected with the present, of two or more little tumors about the same level, and mutually pressing against each other.

In examining the uterus, the patient may be conveniently put in the position already spoken of, on her back with the feet drawn up against the buttocks, and the knees widely separated. I have in one instance employed the instrument in connection with EMMETT'S self-supporting speculum, with the female in left lateral decubitus.

If the os uteri is sufficiently patulous, the smallest tube of the endoscope may be employed; on the other hand, as is frequently the case in uterine derangements, endo-cervicites, metritis, polypi, etc., dilatation of the os with sponge-tent or sea tangle, is an essential portion of the treatment, then a much larger tube can be used, one as large, or even larger than No. 30 of the French catheter scale. When the instrument has been well applied, the interior of the uterus and the os may be surveyed with care, and any morbid condition of their lining membrane clearly observed.

Case 6. Mrs. B., aged 25; mother of four children. Some time after the birth of her last child, after the lochial discharge had ceased, purulent matter escaped in considerable quantity from the vagina, and has continued up to the present time, undergoing various alterations as to quantity and quality. The menses did not make their appearance at all, but at her regular *periods*, the purulent discharge was increased. An examination *per vaginam* revealed a slight external ulceration of the os, which did not afford the whole of the discharge as pressure with the tip of the finger upon the neck of the uterus, as high as it could reach, caused some pus to issue from the os. In the treatment of this case, nitrate of silver was employed in a solid form to the exterior ulceration, which soon healed up, leaving the uterine discharge unchanged. The caustic was now thrust up the neck of the uterus every five or six days, which diminished the purulent discharge considerably, but it still hung on. The endoscopic tube was introduced, and the mucous membrane at the fundus of the uterus found involved in the inflammatory condition. A few drops of a solution of twenty grains of nitr. silver in an ounce of glycerine, were injected. Under the repetition of this medication at intervals, the patient has decidedly improved, the discharge has greatly diminished, and occ-

ally for several days together, there is an entire absence of it. The patient is still under treatment. Inspection of the uterine cavity has been repeatedly made, and the progress of improvement in its mucous membrane satisfactorily watched.

Case 7. W. R., aged 35, unmarried. Has been suffering from uterine trouble for several months, never was under treatment. Menstruation exceedingly painful, os conical and elongated, with an irritable scarlet ulceration upon its posterior lip; neck of uterus contracted, as shown by the uterine sound. Applied nitrate of silver to ulceration, which brought on the menstrual motion, seven days before the usual period; the patient expressed herself as feeling better. Several applications of the caustic healed the ulcer, but menstruation not benefitted. Performed the bilateral section of the os, and dressed the wound with a pledget of cotton soaked in the bichloride of iron. After several days elapsed, introduced the endoscopic tube, and inspected the uterine mucous membrane observed nothing but a slightly hyperæmic condition of the part. The patient has since this time had three menstrual periods pass; they were unattended with pain. I made a last endoscopic examination, when the woman passed from under my hands. The lining membrane of the uterus appeared about its normal color.

There are several other cases still under treatment, which will be reported in due season, and the endoscopic appearance described.

The instrument now described is complex and expensive, and for these reasons is in great measure put beyond the reach of the general practitioner. However, these objections are being removed by Mr. D. W. Kolbe, the surgical mechanician of this city, who attended some of my endoscopic examinations with a view of improving the instrument, and he is preparing to furnish reliable and efficient endoscopes at a moderate price.

With the same objects in view, Dr. R. Archer Warwick, of Richmond, England, proposes to employ the instrument shown in Fig. 4. He describes it as consisting of a brass tube of simple endoscopic construction, about four inches and a half in length, and one in diameter. A Ramsden eye-piece, consisting of two plano-convex lenses, with a magnifying power of about two and a half times, and

Fig. 4.

capable of adjustment for distinct vision, is fitted to one end of this tube, and the eye-piece is so constructed as to admit of the insertion of a spectacle lens, to suit the eyes of those who require the aid of glasses. An adapter in the form of a cone and blackened inside, is attached to the other end of the instrument, to receive the various silver tubes required for the examination of the organs and passages to be explored. Midway between the two extremities of the tube is an aperture nearly an inch in diameter, into which is fitted a metal cone, two and a half inches long, and three inches in diameter at its base. This cone is plated with silver on its inner surface, and highly polished. A large double convex lens of short focus is adapted to its base, so that light of an inferior quality or intensity, may be condensed and rendered sufficient for the use of the instrument. The silver tubes for the urethra are highly polished on the inside, and correspond in size to Nos. 8, 10, and 12 of the ordinary catheter syringe.

(Note.) Mr. Germig, of Philadelphia, is now constructing for me an endoscope somewhat similar in construction to the above, with which I feel satisfied I can illuminate the lining membrane of the bladder, urethra, rectum and uterus with the best possible results.

CASE OF STILL-BORN CHILD.

Death Produced by the Circulation in the Umbilical Cord being Prevented by the Enlargement of the Cord.

By Philip Leidy, M. D.,

Of Philadelphia.

Mrs. S., æt. 30. Married; sanguine temperament, strong and healthy; has had four children, two were still born, other two died from tabes mesenterica; has resided in this country about ten months; came from England on account of the bad health of her husband, as advised by his physician, he laboring under laryngitis. I was summoned about 2 P. M., in the

early part of February to attend Mrs. S., as by previous engagement, in her confinement; when I arrived, found her suffering very much; the dilating pains were very severe and protracted. The membranes did not rupture until the os was fully dilated. The third stage was short, and ushered in with still severer pains of three or four minutes when the child was born, when to my utter astonishment, I found the child dead; upon examining, I found the umbilical cord near the fœtal end "tied into a knot," and no circulation between that and the placenta. The child was a male, and weighed about seven pounds; the upper extremities were well-developed, and the lower correspondingly so; but there was evidence of deficient nutrition throughout the whole body. The fœtus must have been dead at least four weeks; the cuticle was very loose, and peeled off readily, particularly that on the scrotum, part of which had become detached by maceration in the liquor amnii. In fact, docomposition would have taken place in a short time in the lower extremities, as it was evident in the scrotum. There was no trouble in delivering the secundines. The patient did remarkably well, (as she said, much better than at her other confinements,) and was confined to her room the usual time.

In addition, I might say, that about six weeks before her confinement, she was very ill with an attack of pleuro-pneumonia, from which she fully recovered. The labor was not a complication at the time of labor, and I do not even believe it had any influence over the fœtus in utero, so as to produce death, even considering that the entanglement of the cord was a mere coincidence; it must be remembered that during her illness, the fœtus was alive. That such illness would not produce the same result, I do not pretend to question. Weighing the above I only have one cause to assign for the death of the fœtus, *i. e.*, at sometime during intra-uterine existence, the fœtus in its movements, entangled the cord, though the entanglement did not, at the time interfere with the umbilical circulation, as the cord increased in size, the calibre of the umbilical vessels was infringed upon gradually, until the circulation was cut off entirely, which in my opinion took place three or four weeks before delivery. If any other reasonable solution can be given, I should like to be informed.

A GLANCE AT THE BRITISH ISLANDS, FRANCE, AND AMERICA,

Ethnological, Climatic, and General, etc.

By Edwin R. Maxson, M. D.,

Of Philadelphia.

(Continued from page 361.)

Wales and the Welsh.

Wales, occupying a amall extent of country, to the West of England, bordering on the Irish sea and Channel, is a mountainous region, being less than two hundred miles in extent north and south, and scarcely half that distance east and west. While some parts of Wales are mountainous, along its northern border, upon the Irish Sea, the surface of the country is only somewhat broken and hilly, presenting a very romantic appearance; and, in some places, it is quite level.

Taken as a whole, then, Wales is a fertile region of country, having a fine variety of surface and scenery, and producing wheat, rye, oats, barley, potatoes, beans, peas, and fine meadow and pasture; sustaining fine cattle, sheep, and other domestic animals. In fact, the general appearance of the country is inviting to the beholder, rather than repulsive, and well calculated to produce contentment, as well as to draw out the mind in admiration, for the "handy-work of nature," by which the beholder is surrounded, leading the mind gently and adoringly, "through nature up to nature's God."

Such, then, is Wales, with its hills, valleys, mountains, bays and rivers; evidently moulded by the hand of the Creator, to lead its inhabitants to noble deeds of daring; or to the quiet pursuits of civilized life, as circumstances might require. Its atmosphere, though slightly humid, is less so, and more bracing than in other and more level portions of the island, inhabited by their more numerous neighbors, the English. And, though situated along the Irish Sea and Channel, its broken surface, must render it less liable to heavy and trying winds.

Chief Towns.

The towns of Wales are not numerous or very large; I will only speak of one, Holyhead, and that very inconsiderable.

Holyhead, in the north-west of Wales, on the Irish Sea, is a small town of some little business, being the terminus of a rail-road, as well as the port to and from which steamers pass for Kingston and Dublin, etc. It is very much exposed to the sea breeze, rendering it, as would appear, a very healthy situation. It is a place of some little importance, and may yet become quite a town, should circumstances favor it.

But leaving Wales and its towns, let us pass on to consider its inhabitants.

The Welsh People.

In the Welsh, we have an illustration of the ancient Britons, of the pure Celtic stock; unmixed, to any considerable extent, with other races of men.

And, here it is that we find an illustration of the pure Celtic people, emerging from a state of semi-barbarism, mainly by their own exertions; influenced more or less, by other races of men, it is true; but mainly, by the scenery of their native hills and vales, and other intrinsic circumstances; all tending to make a quiet, peaceable, virtuous, God-fearing people; zealous for the right, civil, political, and religious; and ready for any reform calculated to improve their own condition, or that of their fellow-creatures, over whom their limited influence may chance to be exerted.

Thus we have, in the Welsh, speaking their own Celtic tongue, in the main unchanged, except in the towns, occupying their own native hills, which have echoed to their voices for more than twenty centuries, an example of noble self-civilization, retaining very little of the darkness of the past. And if there may be still found, to some extent, an apparent unwarrantable *pride of country*, growing out of the fact that they have withstood, as it were, every external influence that has been brought to bear against them, for near two thousand years, reaching back to their first seeking this safe retreat in wild clans, either from the east of the island, or from the adjoining continent; circumstances well calculated to produce this feeling; they are, on this, and in fact every other account, entirely excusable. In fact, well may humanity and modern civilization rejoice over this grand achievement of such a race of men; and well may the English, Scotch, and Irish, their neighbors, imitate their quiet virtues.

It is probable that the superiority of the atmosphere of Wales, over that of England in general, may be allowed as an offset to the mingling of blood, etc., in the case of the English. And, so far as their civilization is concerned, it is very likely that the *romantic scenery* of their native hills, may have given them sufficient advantages, to make up for the superior relations of their neighbors, the English. It is evident, at least, that whatever difference there may be between the English and Welsh, whichever may be considered in the advance, must be owing to the various circumstances I have mentioned, as they were originally the same, as is well-known.

But I must pass on to a consideration of the "Emerald Isle," and its inhabitants.

Ireland and the Irish.

Ireland, an island scarcely more than three-hundred miles in extent north and south, and little more than half that distance east and west, lies to the west of England, and the south-west of Scotland, being bounded on the north, west, and south by the Atlantic, and on the east by the Irish Sea and Channel, making it the most western of the British islands.

The northern part of the island is mountainous; the central, hilly; and the southern quite level, thus giving a variety of surface and scenery. It is enlivened by numerous rivers, lakes, caverns, etc. One of the most interesting of its natural curiosities, is the Giants Causeway, at the north of the island, presenting a very grand and romantic appearance from the ocean, as I witnessed in passing by; it having furnished the occasion for the legend of the Irish and Scotch giants, made, by the fable, inhabitants of these romantic wilds.

Taken as a whole, Ireland is rather a rough appearing country, though many parts of the island are very beautiful. In fact, for *variety*

of scenery, it is scarcely excelled by Wales or Scotland; and for *beauty*, in some parts, it is by no means inferior to England. The *soil*, though tolerably productive, is by no means as productive, or in as high a state of cultivation as that of England. It produces, however, flax, wheat, oats, rye, barley, potatoes, and various kinds of roots, besides tolerable pastures and meadows, though inferior to those of England. It sustains, however, cattle, sheep, horses, donkeys, and other domestic animals, in tolerable abundance. It is generally fenced with *hedges;* and the dwellings, as in England, are usually of brick or stone, with either tile or slate roofs; in some parts, however, presenting, by no means, a very inviting appearance.

The atmosphere of Ireland is more or less damp, like that of England and Scotland, giving a *bright green* appearance to the grain, grass, and foliage in general; and hence it has been very properly called the "Emerald Isle." The humidity of the atmosphere of Ireland, doubtless predisposes the inhabitants, as in the other British islands, to scrofulous, tuberculous, and other kindred affections; and, this influence, together with the less substantial character of the food, in some localities, as well as the confined and damp dwellings, in some of the rural districts, may very likely predispose to typhus and other putrid fevers and diseases; *animal-miasms* being added to the climatic predispositions, as in many parts of England and Scotland, as we have seen. *Paludal* diseases, however, are scarcely known, unless imported.

Chief Towns.

Ireland has several important towns, as Dublin, Belfast, Cork, etc. I will only mention Dublin, however, as the most important.

Dublin, the principal city of Ireland, is in the eastern part of the Island, on the navigable river Liffey, near the Irish Sea, occupying a slight elevation, and being, in the main, a beautiful, clean, well-built town. It is constructed mainly of brick. Some of the public, and even private buildings, however, are of very fine stone; one of the most interestingly magnificent of which is *Trinity College*.

The city is well laid out, and cleanly, being situated on both sides of the river. And, while its *general* appearance is decidedly inviting, it has many structures and objects of *special* interest, as, the Royal Irish Academy; ths Museum of Irish Industry; the Royal Zöological Gardens; the Botanic Gardens; the College of Physicians, the College of Surgeons; the National Gallery; St. Patrick's Cathedral; the Exhibition Palace; the Castle of Dublin; the Bank of Ireland; the General Post Office; City Hall; the various Hospitals and Schools; and finally, the Gardens, Parks, Bridges, Fountains, etc., too numerous to mention.

Dublin has a *population* of near three hundred thousand inhabitants; descendants of the Irish, Scotch, English, and Welsh; constituting the best looking and most polite, and perhaps correct people of any, inhabiting so large a city, on the globe; and speaking the English language the most correctly of any people I have ever met anywhere. Such, at least, is my impression of the Irish of Dublin, with whom I became more or less acquainted. I attribute very much of this superiority of the inhabitants of Dublin to the mixture of the English, Scotch, and Welsh blood and characters, with the noble Irish, very much as in the American character, as we shall see.

Let us pass on, then, to consider the inhabitants of Ireland.

The Irish People.

The first settlers of Ireland were probably Carthagenians, from Carthage; who came at a very early period; their language having been derived from the Phœnicians, to whom the Celts were probably indebted for theirs. At a later period came the Iberi from Spain, with their Celtic dialect, and mingling their blood and language with the first Carthagenian settlers, it constituted a people and language, though similar to, not identical with the ancient Britons and their language. Hence this distinction of the early Irish character and language; subsequently modified, in a greater or less degree, by the Roman and Danish or Scandinavian blood; and to a very limited extent, perhaps, the Saxon and Norman; in-

fluencing or modifying more or less, of course, their language, as well as their physical, intellectual, and moral characteristics.

Thus, then, were the original Irish character and language formed and modified. At the present time, however, we find, in the large Irish towns, as in Dublin, a mixture, as we have seen, of the modern English, Scotch, Welsh, and Irish; constituting a *local* character, more nearly like the American, made up of the same elements, perhaps, than any other, as might be expected. In the north of Ireland, many Scotch people are found, having emigrated thither from contiguous parts of their native island.

The Irish people, then, being partly of Celtic origin, but modified by these various heterogeneous elements, and so many external and varied, as well as intrinsic circumstances, present quite a *variety* of characteristics, ranging from some that may be regarded, perhaps, as more or less objectionable, to the most elevated in the scale of modern civilization.

The *scenery* and *circumstances* by which the Irish have been surrounded during their transition from semi-barbarism to their present state of civilization, during the past twenty centuries, have been of a character calculated to make just that kind of self-relying independent, stubborn, intellectual, and noble people, with such varied characteristics. And, taking the more mixed Irish, as we find them in Dublin, they surpass in beauty and comeliness of person, and especially the female portion, by far their neighbors, the English, Scotch, and Welsh.

And it is very questionable, whether Dublin may not stand first, among the cities of the British Islands, in science, literature, arts, and, in fact, in everything pertaining to modern civilization, in its most refined sense. At least, it can only be second to Edinburgh, if to any of the British towns.

While, then, the *atmosphere* of all the British Islands is more or less humid, Ireland, Wales, and the North of Scotland, are the portions in which it is the least so; England and the South of Scotland being most damp. Now, in these latter portions, the productions are the most abundant and substantial. And while the atmosphere of these parts may predispose more strongly to scrofulous, tuberculous, and kindred affections, the superiority and abundance of food very likely nearly make up for the greater humidity of the atmosphere. And as, further, the superiority of drainage, ventilation, clothing, etc., in the richer and damper portions, may serve to hinder the generation of as great an amount of *animal-miasms* as in the higher and poorer regions; it is probable that the predisposition to the diseases common to the British Islands, including scrofulous, tuberculous, and other kindred affections, as well as typhus, and other putrid fevers, may be more equally distributed than might, at first thought, appear. There are, however, certain *local* causes operating to make endemic, in some places, ophthalmic, cutaneous, and other diseases, as we have seen.

Such, then, are the British Islands; a mere speck, as it were, on the earth's surface; but which, emerging from a state of heathenish darkness, as their inhabitants have during the past twenty centuries, have worked out the great problem, that mankind yet retain enough of the "likeness of the Creator," to enable them, with the aid of His Works, Word, and the kindly influence of His Spirit, to pass from a state of semi-barbarism to a lofty and enlightened condition of modern civilization and refinement.

And, if there may be found still to adhere, now and then, slight relics of this semi-barbarism, to greater or less portions of the inhabitants of the British Islands, it has doubtless been owing to circumstances quite beyond their control; and which must yet surely be eradicated by the various circumstances attending the full blaze of modern civilization. And then may we hope that the Anglo-Saxon race, transplanted, as they have been, to this vast continent; and as they have been, and may yet be, to other parts of the world; may have a benign influence in correcting the defects of fallen humanity, and in the elevation of the scale of physical, intellectual, and moral excellence everywhere.

While, then, all these varied circumstances

have been thus operating in the British Islands for the past twenty centuries, working out such a mighty physical, intellectual, and moral change; who will dare deny that all has been brought about and *directed* in accordance with the eternal purpose of Him who created all things, and by whom "they were and are sustained."

[To be continued.]

Hospital Reports.

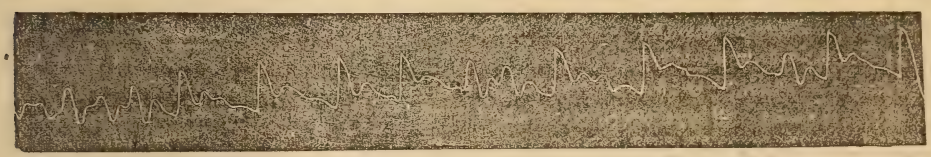
Pennsylvania Hospital,
March 11*th*, 1868.

Clinic of J. M. Da Costa, M. D.

Reported by Dr. Napheys.

Extensive Organic Disease of the Heart.

This heart was taken from a man who came into the hospital in a moribund condition. His lips, nails, and surface generally were blue, or pale where not discolored with this bluish tinge. His breathing was very rapid, and his pulse could not be distinguished; his heart's action being so excessively irregular that it was almost impossible to count it. He remained in this condition of great irregularity of circulation, with shortness of breathing and cyanosis, for three days, when he died. Before death, however, there had been an opportunity of examining his heart, and the diagnosis then made has been confirmed by the post mortem.



It was observed during life, in addition to the symptoms of cardiac distress alluded to, that the man had very prominent veins in the neck, and a systolic murmur, most distinct toward the ensiform cartilage. From this Dr. DaCosta drew the conclusion that the patient had dilated heart with tricuspid regurgitation, and the post mortem showed the diagnosis to be correct.

As regards the other physical phenomena, there was found a murmur of different pitch, also systolic, at the apex of the heart, and onward from the apex toward the left axilla. Thinking it was highly unlikely that a murmur of different pitch should be a transmitted murmur, although the time of occurrence was the same, the diagnosis of mitral regurgitation was made out, and found to exist, on the post mortem examination.

All the ordinary physical phenomena of both these affections were present, but the difficulty of diagnosis lay in discerning them, on account of the extreme irregularity of the heart's action. The extent of this irregularity can be best judged by the accompanying sphygmographic records. Upon examining these, it will be perceived that it is almost impossible to fix upon any one beat. There is nothing but irregularity, excepting that every now and then there has been evidently a strong ventricular contraction, as is shown by the distinct upward line.

The heart presents a rim of bony deposit around the tri-cuspid valves, preventing closure, and permitting most obviously of marked regurgitation. The right auricle is enormously distended, and the right ventricle shares, though to a less degree, in that dilatation. On the left side there is evident valvular insufficiency at the mitral orifice, allowing of regurgitation. A bony deposit also exists around the insertion of the mitral valves.

Part of the irregularity of beat which here existed, and which indeed made it impossible to count the pulse, was due to adherent pericardium.

In regard to the treatment under which the patient was placed, as he came into the hospital moribund, very little could be done for him. He was given quinine to strengthen him, and to tone up the circulation. A very little stimulus was administered, just enough to overcome the evident tendency to sinking, for stimulus could only have still further increased the excitability of the circulating organ.

Chronic Dysenteric Diarrhœa.

E. S. B., æt. 22; born of healthy family. He applied for admission to the hospital on the 5th of February last, on account of dyspeptic symptoms and diarrhœa of five years' standing. Last summer five years ago, he had a sharp attack of what was pronounced to be dysentery. From this he recovered, with slight looseness of the bowels, which continued until the setting in of cold weather. On account of the great irregularity with which he was obliged to take meals, as brakesman on the railroad, he began, during

the winter months to be troubled with dyspeptic symptoms, eructations after meals, and heartburn, but there was no return of the looseness of the bowels. The dyspeptic symptoms continued up to the time of his admission to the hospital. A year after his first attack of dysentery he had another, which proved more refractory to treatment, and he has had continuous looseness of the bowels since. The diarrhœa has been somewhat influenced by food, anything disagreeing with him markedly increasing it, but it has never wholly ceased, thus indicating a persistent irritability of the alimentary tract.

On his admission, the 5th of February, it was noticed that there was blood and mucus with every stool. He had almost persistent pain in the bowels. There was also much undigested food in many of the alvine discharges. Latterly, the stools have had a much more healthy look. They are still somewhat admixed with undigested food, but they contain no longer any blood or mucus. On admission, he had six or eight passages a day, now he has only one.

On the 7th of Februrry, shortly after his admission, he was ordered Hope's camphor mixture, and his diet carefully regulated, consisting of beef-tea and broths, with a certain amount of farinaceous food. On the 17th of February this treatment was stopped, as it had not produced any decided effect. He was then ordered subnitrate of bismuth twenty grains, with five grains of Dover's powder three times a day, still continuing the carefully regulated diet. Improvement then began. Opium and acetate of lead suppositories were soon added to the prescription. Under this treatment he steadily improved.

Looking at the whole case, there can be no doubt but that the improvement is due chiefly to the large dose of subnitrate of bismuth, because he had, previous to his admission to the hospital, taken a great deal of opium and acetate of lead, both by suppository and by the mouth. It is particularly in cases of this kind, in which there exists persistent irritability of the bowels, influenced by the taking of much food which cannot be digested, and in which there are gastric symptoms in connection with the dysenteric affection, that the subnitrate of bismuth will be found very serviceable.

The man's tongue is now clean; it never has been very much coated. There is no pain, except in the course of the transverse colon, where all along there has been a certain amount of soreness to the touch. His treatment will now be so far modified as to stop the suppositories, and to give the subnitrate of bismuth and the Dover's powder only twice daily. He may now be allowed a mutton chop and eggs, but very little vegetable matter. If the patient were one in private practice who could afford the niceties of the table, sweet bread, terrapins, and roasted oysters, would be added to the diet.

In order that subnitrate of bismuth shall produce an effect in these cases, it is necessary that it be administered in sufficiently large doses, not less than twenty grains.

Editorial Department.

Periscope.

The Law of the Production of Sexes.

Having spoken at some length on this topic lately, we make the following extract from an interesting paper, translated from the Norwegian of Prof. Faye, for the *Boston Med. and Surg. Journal:*

"In a work entitled 'Ueber die Eigenschaften, welche sich bei Menschen und Thieren von Eltern auf die Nachkommen vererben u. s. w., 1828,' Prof. Hofacker in Tübingen, along with many other interesting data, represented the relative age of parents as having especial influence upon the sex of children. Using as a starting point a remark of Aristotle, and some researches by Morel de Vindé, in 1812 and 1813, with some later experiments by Giron de Buzareingues upon sheep breeding, Hofacker used the register of families in Tübingen for his researches. He made up from this a table of 2000 children, among whom the proportion was 107.5 boys to 100 girls. These 2000 children originated from 386 marriages, in 342 of which the father was older than the mother, and to these marriages were born 1273 children—684 boys and 589 girls = 117.8: 100. In 27 marriages, where ages were equal, 145 children were born—70 boys and 75 girls = 92: 100. In 117 marriages, where ages were equal, 568 children were born—270 boys and 298 girls = 90.6: 100.

Two statements made by priests in the environs of Tübingen give like results, and this caused Hofacker to regard the age as the decisive circumstance.

Michael Thomas Sadler, who in 1830 published a larger work, ('Law of Population,' London), has given, in the fourth volume, a statement of 2068 children, belonging to 381 fruitful first marriages among the English peerage. The

proportion was 1005 males, 963 females = 114.7 males to 100 females:

Husband the senior in 309 marriages—
929 boys, 766 girls = 121.4: 100.
Ages the same in 18 marriages—
54 boys, 57 girls = 97.5: 100.
Wife the senior in 54 marriages—
122 boys, 142 girls = 86.5: 100.

Sadler thus regarded himself as justified in concluding that a natural law with reference to the influence of age was in operation in this case. The results of the investigations of these two men have since been spoken of as the 'Hofacker-Sadler Law,' and many have accepted it as certain and well proven; as, for instance, Prof. Leuckart, in Wagner's Handwörterbuch der Physiologie, 4 Bd. The law may be formulized thus:

1. Seniority on father's side gives excess of male offspring.

2. Equality in the parents' age gives slight preponderence of female offspring.

3. Seniority on mother's side gives excess of female offspring.

The numbers on which this conclusion is based are very small, though Sadler regarded them as sufficient; and later observations have shown that the proportion is not so constant as here represented.

In the year 1854, J. V. Göehlert laid before the Academy of Science in Vienna* somes investigations into the proportion of the two sexes at birth. Göehlert undertook the laborious task of collecting data for a period of twenty-five years from the Gotha Genealogical Almanac, concerning princely families in most of the countries of Europe, taking care only to include first marriages. The result was as follows:

953 marriages, 4584 living children, viz., 2351 boys, 2233 girls = 105.3: 100.

1. Husband the senior—
2026 boys, 1862 girls = 1088: 1000.
2. Ages the same—
263 boys, 282 girls = 932.6: 1000.
3. Wife the senior—
71 boys, 80 girls = 825.6: 1000.

Again a confirmation of the law, and with somewhat larger numbers.

In France, Legoyt, Chief of the statistical department in Paris, published in 1857 the result of some investigations in Strasburgh and Paris, which seem to point in the same direction; although in the first class the figures expressing the proportion are somewhat less (109 boys: 100 girls) than the tables of Sadler and Süssmilch, and there is the additional difference that the two other classes show an excess of males, (though in smaller amount; 107: 100 and 101: 100 respectively). Furthermore, Noirot has published some statistical studies for the arrondissement of Dijon, in which he sees a confirmation of the law, but, unless there is some typographical error, his figures show a want of correspondence.

Finally, Boudin, in the beginning of the present year (1863), addressed a note to the Academy of Science in Paris 'on the influence of age upon sex,' in which he concludes that as a rule the husband's seniority produces an excess of males.

Other authors in very recent times have in part reached the result, that the so-called natural law above mentioned is not constant, and a single man—Dr. Stampe—has declared that there are born relatively more boys from marriages of elder women with younger men; he has likewise found that there are proportionally more boys born of illegitimate connection. Prof. Breslau, in Zürich, has also obtained for that single canton the result that the husband's juniority gives the greatest excess of males.* It is probably without doubt true that the age does not act as sole cause, and that we can hardly affirm that we have here before us a real law of nature, simple and unchangeable. For, in accordance with many observations, a certain natural force—dependent, it is true, within certain limits, upon difference of age—together with a not too frequent coitus, seem to exercise a quite noteworthy influence. This last deserves especially to be noticed as an explanation of the fact that poor people very often beget a greater excess of boys.

A few facts may be of interest, regarding the relative proportion in Sweden according to rank, as they are found stated in the newly-published statistical account for 1856–60: The nobility exhibits a proportion of 971.3 males to 1000 females; the clergy, 108 to 100; the gentry, 105 to 100; the burgher-class, 104 to 100; the peasantry, 105.8 to 100; all other classes 103 to 100.

From this it is seen that, in the period mentioned, the nobility alone has had an excess of females, while all other classes show an excess of males, and the clergy in a higher degree than the rest, after which follows the peasantry. Sta-

* Sitzungsberichte der phil.-hist. Classe der kaiserl. Acad. d. Wissensch. B. xii.

* Zur Würdigung des Hofacker-Sadler'schen Gesetzes 2ter Beitrag in Monatsschrift f. Geburtskunde 22 B. 2 H. 1863. Bruslau supports his conclusions upon 16,492 observations.

tistics with very large numbers can easily be drawn up for Sweden, since we have had statistical returns here for a long time, and I have heard from my friend Berg, Chief of the statistical bureau, that from 1860 we shall be able to give the relative difference in the parents' ages. I cannot avoid congratulating the country upon the possession of a man so zealous in his office as the present chief, and I am sure that the misunderstanding which so easily follows the increased demand for work upon the numerous officials scattered throughout the country, will in time change to gratitude for the benefits which well-used statistics may confer upon the community.

From the facts here brought forward, it would seem to result with some certainty, that a difference in the ages of parents is no inconsiderable cause of the difference of sex in offspring; but while many later observers have found variations from the rule so numerous that they should not be disregarded, it is certainly idle to attempt to deduce from our present stock of knowledge a 'law of nature.' I might give a number of statistical data, collected in the various bailiwicks of Norway, showing that in some districts, in a period of ten years, there has been a constant deficiency in boys, while in others the reverse has been the case. I cannot enter into these details; but I hope it will be admitted that a closer study of these relations in detail may by degrees contribute greatly to the solution of the question as to the causes of such a permanent preponderence upon one side or the other. A single author, Dr. Ploss, in Leipzig, has in two treatises presented many causes as contributing to the disproportion of the sexes, and has supported his own views by the investigations of well-known observers upon the proportions in the case of animals and plants. Thus, for example, he has given the quantity and the quality of the food; the elevation of the abode; the conditions of temperature; the parents' mode of life, rank, religious belief, frequency of coitus, etc., besides the age, and it is very possible that more causes come into the account; but in undertaking a thorough research it will be a great advantage if we can succeed in the first place in bringing proof of the more important relations of causes, since it will be easy by and by to take into consideration the more secondary circumstances. In making his entire investigation go to prove that woman is the stronger, and that this is the cause of the excess of girls, Dr. Ploss has been one-sided and untrue to nature; which Prof. Breslau, in Zürich, and Prof. Wappaeus, among others, have proved by facts.

The circumstance that after great wars, and sometimes epidemics, wherein a disproportionate number of men have died, more boys are born than usual, stands yet unexplained, since it may be used for the benefit of various theories; but doubtless a more exact investigation will throw light over this fact also. Another discovery, which informs us that men who pass a sedentary life, and especially scholars, who exhaust their nervous force to a great extent, beget proportionately more girls, may, if established for large numbers of people, certainly be studied more closely with advantage; for although it may be sure that the relative difference in ages has great importance, it may nevertheless be true that this has its limits, and that a very advanced age on the man's side, a weak organism, and especially too frequent coitus, diminish the number of males among the offspring."

A Complaint against Fungi.

Mr. Erastus Wilson watches with amazed curiosity the progress of the fungus theory. It began, he says, with the dermophytes and nosophytes of Gruby; he disbelieved it; and disbelieves it still, although it has since intruded itself into almost every known disease of the body; at first there was a struggle for the distinction of genera and species, every philosopher had his pet fungus; there was the fungus of Schœnlein, and the fungus of Audouin; a new order of knighthood seemed to have been created throughout Christendom, and every knight in Europe proclaimed his own particular fungus as the loveliest fungus of them all. Then a new school of philosophers declared that the difference amongst the various fungi was only a difference of their habit, and that the same fungus transplanted to different beds exhibited those differences which unobservant or too accurately observant philosophers mistook for other species. Then, when the outside man was exhausted, the inside man came in with its discoveries: there were fungi for aphthæ, fungi for diphtheria, fungi for cholera; and last and not least, we have fungi for internal cysts, fungi for syphilis, and fungi for gonorrhœa. This last absurdity completes the measure. "Fungi," says Mr. Wilson, "are the morbid development of the natural components of the cell-structure of the economy; and just as pus is the product of the nuclei of the cell-tissue; just as mucus is equally a product of the normal constituents of the cells of the epithelium, and, being produced, enjoys the property of proliferation and growth; so these presumed and omnipresent fungi are the

gatherers-up of waste and exhausted organic matter, and are ready to be found wherever waste and exhaustion of organization prevail. Twenty years ago we taught the nature and relations of fungous life to all who chose to give heed; twenty years have passed away, and modern science has not come up to the standard which we then established."—*Brit. Med. Journal.*

Wet-Nursing.

Mr. GRAVES, Surgeon at Manchester, in the course of a speech at a meeting of the governors of the St. Mary's Home (for the rescue of fallen women) at Manchester, made some valuable comments on the evil effects of the prevalent practice of wet-nursing. He said that, of all the cases with which he had come in contact, he could hardly recall one in which a married woman had been employed in that capacity. Wet-nurses were, for the most part, young women who had had illegitimate children. They knew that, by applying to an institution in Manchester, situations, at a high rate of wages, would readily be obtained for them; their own babies were farmed —that was, put to nurse—and their lives, it was to be feared, in the majority of cases sacrificed. The mother, on the other hand, was petted and pampered in the family by whom she was engaged; and what influence must not that have upon the other female servants in the house? It was injurious in the highest degree; in fact, the system offered a bonus to the continuance of that vice, to abolish which it was their object in supporting St. Mary's Home.—*Brit. Med. Journal.*

Reviews and Book Notices.

Atlas of Venereal Diseases. By A. Cullerier, Surgeon to the Hôpital du Midi, etc. Translated from the French, with Notes and Additions, by FREEMAN J. BUMSTEAD, M. D., etc. With about one hundred and fifty beautifully colored figures, on twenty-six plates. Philadelphia: H. C. LEA. 1868. Part III. *Price* $5.00.

The third part of this magnificent contribution to syphilography, will be welcomed by all interested in medical science. It embraces the soft chancre or chancroid, and the indurated chancre. Like the previous numbers, it is full of valuable matter drawn from an extensive practice, and, like them, is greatly enhanced in usefulness by the additions of the learned American editor. The plates are colored in a most satisfactory manner.

Researches on Obstetrics. By J. Matthews DUNCAN, A. M., M. D., L. R. C. S. E., Lecturer on Midwifery in Surgeons' Hall Medical School, etc. etc. New York: WM. WOOD & Co., 61 Walker Street. 1868. One vol., cloth, 8vo., pp. 467.

This very handsome volume, in clear, bold type, and on tinted paper, presents some of the most important topics in midwifery. It is not a regular treatise on the art, but a series of monographs based chiefly on the author's previous writing in medical and scientific periodicals. It is therefore divided into five parts, eace of which dwells on some particular branch of obstetrical study.

The first is on "The Statics of Pregnancy," in which the position of the uterus, of the fetus in utero, and of the pregnant female, and also the mode of presentation of dead children in labor are discussed. The second part is entitled, "The Pelvis studied with a view to Obstetrics," and contains some very valuable chapters on the bones and their malformations. In the third part, which is headed, "On the Physiology and Pathology of Pregnancy and the Puerperal State," are a series of articles on menstruation in early pregnancy, superfetation, the lochia, the length of the cervix uteri, the internal surface of the uterus after delivery, and the deciduæ. In the remaining parts the dynamics of labor are spoken of, the lateral flexion of the fetal head in the mechanism of parturition, inverted uterus, uterine metrology, vagina duplex, and other allied topics.

The illustrations, forty in number, are well chosen and clearly cut. The book was printed in Edinburgh, and is a very good specimen of that neatness of typographical execution which makes it such a pleasure to read English books.

—— The distinguished Russian Surgeon, PIROGOFF, well known for his ingenious operation on the ankle, is deceased.

—— M. REISET, in the French Academy, recently referred to a disease which attacks cattle feeding on pasturage. The effects are rapid swelling, and, finally, suffocation. He analyzed the gas produced, that which in fact causes the swelling. He found it to be almost wholly, 74 per cent. carbonic acid. Alkalies are therefore proposed as remedial agents.

—— M. ROUSSIN has proposed the use of bichloride of mercury for the detection of kreatinine in urine; kreatinine is precipitated from its solutions by the mercurial salt.

Medical and Surgical Reporter.

PHILADELPHIA, MAY 9, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require as little revision as possible.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

THE TAILOR AND THE DOCTOR.

On the great subject of *clothes* we have still much to learn. Neither the lucubrations of Diogenes Teufeldrœckh in his immortal *Sartor Resartus*, nor all the combined energies of the honorable guild of tailors have succeeded in inventing the *ne plus ultra* of coats, hats, and unmentionables. No Alexander of the goose need sigh for the want of worlds to conquer, while apparently sane individuals parade the streets in "stove-pipe hats," stiff stocks, and shad-belly coats—not to go in the least into the much abused mysteries of crinolines and corsets.

When it comes to military clothing, the discrepancy between the tailor and the doctor, between a sensible protection of this mortal frame against heat and cold, and the regulation uniform, becomes still more glaringly apparent. Latterly, this topic has been the theme of a medical report to the Surgeon-General ("A Medical Report upon the Uniform and Clothing of the Soldiers of the U. S. Army; Surgeon-General's Office, 15th April, 1868.") It contains much which will interest the civil as well as the military reader, be he lay or professional, and we therefore give in brief the conclusions arrived at, on some of the most important points. It is based on the reports of a large number of medical officers from all sections of the country, and is offered with the design of suggesting some substitute for the stiff and antiquated uniform of to-day. Beginning at the top of the person, we are informed that a light-colored, brimmed felt hat is, by all odds, the most generally recommended, either as a simple felt or looped up for dress. This may be kept perfectly simple, or be adorned in the most ornate manner. The brim should have a width about equal to the height of the crown.

Probably the most serviceable hat ever used in the United States Army was supplied the Second Dragoons by General Harney, in Texas, in 1853. It was a broad-brimmed, soft felt, of a pearl or stone color, capable of being looped up, but with a stiff brim when let down, and with an orifice for ventilation on each side of the crown that might be closed at pleasure. This was exclusively used for scouting, but if authorized it might well be used for all purposes. It appears to combine all the essentials of protection and comfort, and not a few elements of beauty.

The credit of its invention, is attributed to Colonel T. P. Andrews, late Paymaster-General.

As for the time-honored leather stock, it is recommended to be discontinued as a relic of the artificial stiffening of soldiers that ought now to be superseded by physical training, and because of its great discomfort and its positive evils in excoriating the skin, inducing disorders of the larynx, interfering with the natural motion of the neck, and causing cerebral congestion by the compression of the vessels.

Instead of the present tight-fitting, wadded, ungainly uniform coat, a sort of compromise is proposed between it and the blouse. It is described as a loose habit made with a yoke, so as to fit well, but leaving the neck entirely free; large at the shoulder and in the arm, for the most unconstrained exercise of a muscular man, and small at the wrist; very full in the body, with longitudinal plaits in front and with full short skirts; the whole to nearly resemble what is known as the Swiss blouse. It should have these features also:—a collar to turn over about an inch and a half; to be lined throughout, or not, according to climate; to have stout pockets in the body accessible at the plaits; to be fastened at the waist by an inner belt, as is now commonly provided in the officer's coat; to have

a broad belt between the body and the skirt, upon which the waist belt of the accoutrements should fit accurately and remain in position; and, possibly, stout pockets with lappels and buttons below the wastbelt, that might dispense with the cartridge-box when the metallic cartridge is employed. The fabric should be closely milled, light woolen cloth or, preferably, navy flannel, securing a warmth a little greater than the present fatigue sack.

For its color, cadet gray or a very light blue approaching a neutral tint is suggested.

The shirt, described as "the real personal garment," should be of flannel of a thickness to meet the requirements of the climate. It should reach to the middle third of the thigh and be either blue or red, because "the darker colors are believed to absorb animal odors better than the darker hues." (?)

The important article of trousers is carefully discussed, and the conclusion reached that for the wants of the American soldier, a rational system demands woolen trousers of thinner cloth, more closely woven or milled, and of a greyish blue color, (officers serving in the muddy regions on the Pacific advise dark blue, at least during the rainy season,) and that the proper degrees of warmth are to be attained and preserved by the employment of drawers of different grades according to the climate, and, in very severe weather, by the use of more than one pair.

The form should be that known as "pegtop," and braces are rejected as superfluous.

The drawers, like the proposed shirts, should be of at least three grades and many sizes. One, thin and soft, with a large per centage of cotton in the fabric, to be worn in the hot weather; another quality, of about the same warmth that those now issued are when new but of better material, should be supplied for the ordinary service of temperate climates; and a very thick warm variety for the colder stations. The foundation of all should be wool, and the last-mentioned should be of it alone and of the very best quality.

Finally, we close our excerpts with the recommendation regarding shoes that the heel should be broad and low, the sole sufficiently narrow to permit the sides adequately to support the foot, and the toes wide enough to avoid compression. A shoe that permits much movement of the foot *in* it is nearly as bad as one that compresses the foot.

These matters, the importance of which to an army cannot be exaggerated, deserve the close and careful attention of surgeons, and we hope that neither the fear of departing from antiquated European models, nor the small expense which will be necessary to supply such a uniform in place of that at present worn, will defer the consideration of this valuable report. And those of its suggestions which are applicable—as many of them are to the clothing of civil life—will we also hope, meet the attention they so well deserve.

THE PROPER BASIS OF DENTAL EDUCATION.

One of the most sensible and truth-grasping lectures it has lately been our pleasure to peruse, has just come to hand in the pages of the *Dental Register*, written by Dr. PEBBLES of the Missouri Dental College, St. Louis. In this paper the author takes the ground that the dental, like the aural and ophthalmic surgeon, is only properly prepared to study and practice his specialty after he shall have entirely familiarized himself with general medicine: for the accomplishment of that end he recommends such union of special with general teaching, that the student becomes a doctor in medicine previous to, or in conjunction with that period of study which prepares him for his specialty. Dr. PEBBLES is one of the professors in Missouri College, which like that being now organized in connection with Harvard, has its curriculum so established. This is to give in our estimation, dental, or rather, we should say, oral surgery, its proper position; we regret that we have not space for Dr. PEBBLES' paper, it would afford us much pleasure to copy it entire, we may be permitted to recommend its attentive perusal to every practitioner of the specialty.

Notes and Comments.

We disclaim Responsibility

For the opinions of correspondents expressed in our columns. We make this statement, which many may think superfluous, just now, because from several quarters we have lately received expressions of surprise at what were deemed heterodox remarks in letters addressed to and published by us. Once for all, we wish it distinctly understood that our pages are open to the discussion of any proper professional question, and we do not intend to restrict writers to what we consider orthodox, laying no claim to infallibility, and believing that free discussion is the shortest road to truth.

Election of a Professor.

We call attention to the advertisement with this heading in the Reporter of last week. It is a good method to inaugurate. The only proper system to elect professors is by an open competition and a *thèse de concours*. This would prevent the favoritism and the nepotism which elevate mediocrity to the chair of talent, and promise to undermine the reputation of some of the oldest medical schools in the land. Let us see this example adopted elsewhere, and we shall soon see the right men in the right places.

Pennsylvania State Medical Society.

This Society will hold its annual meeting at the Capitol in Harrisburg, commencing at 4, P. M., June 10th.

It is hoped that there will be a full attendance, and that committees will be ready with their reports. Our State is in some respects behind many of its sister States in medical organization and in the practical character of its annual meetings.

Iowa State Hospital for the Insane.

Iowa, though not yet a quarter of a century old, has a population of over one million, and, though not rich, claims to have devised and constructed the most commodious and eligible Hospital for the Insane of any State in the Union. It is located at Mount Pleasant, Henry County. Its central structure, ninety by sixty feet, is four stories high; the six wings (forming a quadrangle) are three stories; it is built of cut stone lined with brick, has an iron roof, and eleven miles of iron pipes for water, gas, and heating, It has 425 rooms above the basement, 900 doors. and 1100 windows. It has cost $600,000, including an Artesian well 2100 feet deep, which is no longer used, because of the corrosive properties of the water. Dr. R. J. Patterson is the superintendent.

Vermont State Medical Society.

The semi-annual meeting of the Vermont State Medical Society will be held at Windsor, on Wednesday and Thursday, June 10th and 11th, commencing at 2, P. M., on Wednesday. The address of the Vice-President will be delivered on Wednesday evening, and will be followed by a social re-union of the delegates, and of medical men *who are natives of Vermont, but are now residents of other States. All such are cordially invited to attend.*

The subject for discussion is dysentery, on which Dr. O. F. Fassett, of St. Albans, is to read a paper. Other papers are expected from members of the Society.

The several railway lines of the State will carry all who attend the meeting for full fare one way, and free return tickets on certificate from the Secretary, Dr. L. C. Butler, of Essex, who will be present. An interesting and profitable session is anticipated.

Obstinate Acne.

A correspondent writes:

"I have a patient, a young lady about 18 years old, who has acne. She has had it about three years, and it disfigures her face very much. It seems to become worse at her *monthly periods.* She is very anxious to be cured of this disease. She has taken a great variety of patent medicines, and they have never done her any good. She has tried several physicians, but has received but very little benefit from their remedies. I took the case under my care about one month ago. I gave her the fellowing ℞. Tr. ferri muriat., ℥j.; liq. potassæ arsen, ℥iss.; hyd. chlor. corros. gr. iij. Thirty drops of this was given three times a day; also applied calomel ointment to eruptions. I do not see that this treatment is doing any good. It seems to be an obstinate case, and I fear that it will be one that will be hard to cure. Will you be so kind as to give the best treatment for so stubborn a disease, as this case has proven to be, through the columns of your valuable journal?"

There seems good reason to doubt the benefit of much internal medicine in such cases. Acne is a purely local disease, and must be met with local remedies. Hebra, whose experience in skin diseases transcends that of any other living man, recommends thorough washing and rubbing with any good soap, every night, or every

other night, and then the application of the following salve:

℞. Lac. sulph.,
Potass. carbonat.,
Glycerrh.,
Aq. laurocer.,
Spir. vin. gal., āā ʒij.

This should be left on all night, and washed off in the morning, without the use of soap. This salve causes a slight pityriasis rubra, which quickly disappears on intermitting its use. (*Hautkrankheiten, s.* 518.)

Corrosive sublimate, in cologne water, (gr. j. to ʒj.), iodide of sulphur, iodide of mercury, and vapor baths, might also be suggested. One of the old surgeons recommends what perhaps would be a more agreeable remedy—*matrimonium curat varos.* It does seem often to be the case.

Diploma Advertised for.

The following advertisement we clip from a New York daily paper. Somebody seems anxious to meet the requirement of the law!

"Any person holding a medical diploma from any of the Scottish universities, issued between the years 1850 and 1858, inclusive, and who will dispose of the same, the sum of $30 in gold will be paid by addressing A. B., Canada."

Correspondence.

DOMESTIC.

Therapeutic Value of the Waters of the Gettysburg and other Mineral Springs.

[As the REPORTER was the first journal to direct attention to the value of the Gettysburg Katalysine Springs, we are glad, from time to time, to lay corroborations of their therapeutic powers before our readers. The following letter, from an old and valued contributor, rehearses some of their most remarkable qualities, and substantiates what has previously been said in our columns.—EDS.]

EDITORS MEDICAL AND SURGICAL REPORTER:

In coinciding with Dr. BELL, in his views and statements of the great curative powers of mineral springs, in connection with those of the Gettysburg water, as advanced by him in the MED. & SURG. REPORTER of Sept. 28th and October 5th, 1867, we are inclined to make some additional remarks on the subject. We are sanguine enough to believe with that writer, that the greatest improvement yet to be made in the treatment of diseases will be the substitution of mineral waters for the various drugs now in use. Gifts, freely dispensed, are seldom appreciated at their just value, or received in a thankful spirit. Those so bountifully bestowed on man by the Creator himself constitute no exception to this remark. How little do we prize the purity of the air we breathe, and by which we live; or the water which is both food and the vehicle of all that is nutrimental for organized beings, and the imbibition of which by them is a necessary condition for their growth, maturity, and fruition. So it is with mineral waters, which are either held at a cheap rate or entirely neglected. They jet out from nearly all parts of the earth's surface; they are compounds, often, of the most varied chemical elements, prepared in nature's laboratory, by nature's pharmacy, and ready for use, and adapted to the cure of multifarious diseases, as simple water is to the preservation of health. What a beneficent provision is that made for man's recovery from disease, and renewal, as it were, of life, by the addition of alkaline, earthy, and mineral salts to the water in its percolation through different strata, so that when it gushes up as a spring, it is found to be endowed with sanitary and curative virtues adequate to meet any contingency growing out of bodily derangement. Well has it been said, that a region of mineral springs is a region of miracles.

There is something in the mode of combination of the several constituents of mineral waters which gives them a remedial value not to be measured nor fully ascertained by chemical analysis, and the knowledge of the effects of each separate constituent or element. The active principle in mineral waters would seem to resemble vitality in an organized body, in its being known to us only by its effects. Their life and their spirit disappear in the process of analysis. We must continue, notwithstanding, to look hopefully to chemistry; not, indeed, for a solution of the therapeutic problem, but for an increase of the facts which give collateral aid to our researches into the whole subject. The presence of certain substances detected by chemical analysis will serve to account for the medicinal properties of some mineral waters, which were long known by experience, but which could not have been inferred, or even conjectured from the sensible properties, taste, etc., of these waters. In this way, in the present century, and in our own times, iodine, bromine, and nitrogen, and quite recently arsenic, have been discovered in different springs. There are now on record notices of more than thirty mineral springs, including the far-famed Weisbaden and Vichy, in which arsenic has been detected. It is too late for the most timid to be alarmed at this announcement, after the long continued use of the waters in question, and the

experience, not only of their innocuous character, but also of their therapeutic and hygienic uses. So wisely has it been ordered in this provision, as we ever find it to be in the other works of creation, that the quantity of any one of the before-named substances taken into the stomach while drinking the water at the spring, would fall short of the smallest dose of them in ordinary prescription.

It is a peculiar and very important feature in mineral waters, that they constitute remedies which are always ready for immediate use, and which, unlike those furnished by the drugs of the shop, require no previous pharmaceutical preparation. Although flowing from their several springs for such a long succession of ages, they still preserve their composition and other properties unchanged. The early history of all medicinal springs is nearly the same. In the instance of the Gettysburg spring, the successive stages of early trial and subsequent success have been gone through within a very short period. Belief here is the result of simple experience, without the bias of fashion, or of imagination, neither of which could have enabled the hobbling martyr to gout, nor the limping victim to rheumatism, to throw away crutch and cane, take muscular exercise in a way to which they had long been strangers. Such is the record of the cases of the Hon. J. B. Danner, Mr. Diehl, Mrs. Culp, and others. Worthy of more distinct mention, both from the long duration and violence of the disease and the eminence of the sufferer, is the case of the Rev. Dr. Moriarty, the distinguished pulpit orator, now of St. Mary's Church, Chestnut Hill, Philadelphia. This gentleman relates of himself, that he had suffered from chronic rheumatism for sixteen years, with alternations, at four different times, of acute rheumatism, during which he was confined to his bed for five months. The last attack began on the 6th of December, 1866, and during its continuance of eight months, he was so crippled as to be unable to leave his room, and expected to remain in this condition for the remainder of his life. Recourse to the use of the Gettysburg water, in the dose of a gill three times a day, was followed by gradual but progressive relief, until at the date of the Rev. Dr's writing, December 4th, 1867, he was convinced that "the rheumatic principle was entirely removed." He took, during the entire period of his treatment, "ten gallons of the water, without any other kind of remedy." He is, of course, still incommoded by some stiffness of the joints, but he feels himself improved daily, and his "general health has been remarkably benefited." The Reverend gentleman writes that he advised some of his neighbors to use the water, "and it has effectually cured dyspepsia and kidney disease."

The tonic and restorative power of the Gettysburg Water, would certainly seem to command our confidence, when we think of the cases of general debility and paralysis mentioned in the Medical and Surgical Reporter. Need we repeat here what has been said of the benign effects of the water in that most annoying and changeable disease, dyspepsia, a good picture of which has been drawn by Dr. Bell. The concluding sentence of his remarks may be fitly repeated on this occasion. If then we have a remedy, he says, at once simple and efficacious for this central and primary "disordered digestion," in the Gettysburg Water, "we have the means, at the same time, of preventing and curing a long catalogue of outlying and secondary derangements, which, if they do not destroy life, make it miserable and too often useless." Intimately connected with chronic indigestion are diseases of the kidneys, exhibited in one case by diabetes, in another by calculus or gravel, of the cures of which by the use of the Gettysburg Water, we have well attested cases. To these must be added, Bright's disease of the kidneys, or *Albuminuria*, of which a patient tells the Gettysburg Spring Company, he has been a victim, and for which he is taking the water with marked benefit and the prospect of a cure. Irritable bladder, so common an infirmity in old age, is, we learn, alleviated and even cured by this remedy. One of the marvels in the history of the cures brought about by the use of the Gettysburg water, is the removal of nodosities or hard lumps and concretions, evidently of a gouty nature, from the joints of Mr. Deihl, as related by Dr. Bell. Whether we regard these lumps as deposits made up of chalk, or of urate of soda tissue, we are compelled to say, with Dr. Bell, that the entire removal of the inorganic body without surgical intervention, has not, we believe, been brought about by either internal remedies, or external applications, or by both united." Whence came the solvent property of the Gettysburg Waters in this case? We are at a loss for any plausible explanation, derivable either from chemistry or therapeutics, even were we to suppose the presence of lithia in the water. The fact itself is, however, not the less encouraging to trials of the remedy under similar circumstances.

The efficiency of mineral waters in diseased

states of the mucous or lining membrane of the stomach, bowels, and bladder, as in dyspepsia, diarrhœa, and cystorrhœa, would suggest similar medication in other cases, in which the pulmonary mucous or lining membrane of the windpipe and lungs is affected, as in asthma and chronic bronchitis, which last sometimes simulates and sometimes runs into consumption. Nor is the expectation unfounded, and to the merit of cure claimed for a class of mineral waters, the Gettysburg will come in for a full share, as well for analogy as from direct evidence. As much will, in time, be said of the treatment of those troublesome affections of the throat that pass under different names, but the greater number of which are associated with dyspepsia and impoverishment of the blood. To similar causes may be referred the paleness, languor, inertia, depression of spirits, and extreme nervousness, incident to the disorders of females, and from which they are often entirely relieved by the judicious use of mineral waters. Constipation is not infrequent in these cases, and may be relieved by the same means.

Much good might be, and in fact often is done in the treatment of various diseases, by the methodical administration of the waters of mineral springs to invalids, at their own houses, both in town and country. With this view are procured in Philadelphia, and other cities, the Saratoga, Bedford, Blue Lick, and other waters; subject, however, to the disadvantages of the escape of some of the gaseous elements, and the precipitation of some of the earthy or metallic bases by transportation from a distance. But still we have had reason to be pleased with the beneficial changes wrought in chronic disease, by our patients drinking them. To these waters is now added the Gettysburg, which possesses the rare advantage of its being transportable to any distance, at all seasons, without its undergoing any change in its chemical composition or curative powers, provided that ordinary care be taken to keep the vessel containing it properly corked. In favor of the home use of this mineral water is the ability to pursue a suitable regimen, and get more tranquil sleep, and to keep more regular hours than are generally attainable at the Springs, and other places of summer resort. Moreover, the physician, in such cases, is able to note for himself the immediate as well as the secondary or remote therapeutical effects of the water, and at the same time, to gather materials to enable him to advise his patient as to the course to be pursued in the selection of such a mineral spring as it may be desirable to visit when the proper season arrives. In having recourse to a mineral water, either at home or abroad, its continued and methodical use must be insisted on. It is not enough to remove by its means an annoying symptom, or a troublesome sensation. That which is really wanted is a removal of the disease, and entire restoration to health. To reach this desirable end, time is essentially necessary. Reliance should be placed on the curative power of water alone, nor ought its peculiar effects to be interfered with, if they are not in a great degree prevented by the use, at the same time, of drugs of the active mineral class, or of narcotics, the operation of which is often the very reverse of the secretory and depurative movements set up by the water. In confirmation of this view we would refer to the case of Dr. Moriarty, who confined himself entirely to the use of the Gettysburg water, "without any other remedy." If any preparatory medication be thought advisable, it should be carried out by the use of some other mineral water, say of the active saline class, as an aperient, if it be proposed to put the patient on a course of a mild alkaline water, as an alterative.

Some writers, at the head of whom is the eminent German physician and writer, Hoffman, while they admit the curative powers of mineral springs, are disposed to attribute their chief efficacy in disease, to the water itself, rather than to the ingredients of which it is the solvent. Common water as a diluted refrigerant in fevers and inflammatory diseases, is undoubtedly a grand remedy, and an indispensable adjuvant to other remedies, when largely used for a drink. But in chronic diseases, it fails to produce the varied and prolonged effects on the organism, which are known to follow the use of a mineral water, whether we look to its rapid absorption from the stomach and bowels and its entering into the stream of the circulation, or to its subsequent stimulation of the secretory organs. The sensible changes produced on the blood and the secreted fluids—saliva, bile, urine, sweat, etc.—by the drinking of mineral waters, and even by bathing in them, attest their physiological action, and at the same time a play of new chemical affinities and combinations. These changes cannot be without a decided effect in modifying vital actions, and in bringing about a new and amended state of things in the diseased body.

The invalid, as a matter of prudence, should begin with drinking a few ounces at a time of the mineral water, on a course of which he is about to enter. He may then gradually increase the quantity, but still keep below the ordinary

average for the first few days, and until the disturbing excitement, which so often follows the drinking of the water, has subsided. Some medical hydrologists assert that this excitement, bordering on fever, must replace the languor and sluggish circulation in chronic diseases, as a necessary condition for obtaining the full effects of the water. A discontinuance of the excitement is, however, soon expected to manifest itself by a crisis, as the Germans call it, consisting in either free purging, or discharge from the kidneys, or in sweating, or eruptions on the skin. When this state is caused by bathing, especially if the water be of an elevated temperature, it is called "*bad sturm*," or bath storm. Even if this temporary disturbance of the system occur in but a small proportion of those persons who have begun the methodical drinking of a mineral water, it is desirable that all should know of this liability. Those who are thus affected, will not then on the one hand, become needlessly alarmed and desist entirely from the use of the water, nor on the other, persevere in drinking it without interruption, and suffer in consequence. After this first period of what may be called seasoning has passed away, the use of the water, which in some cases had been suspended, may be resumed, and the quantity even increased. Simple diet, rest, diluent and acidulous drinks, and a moderately warm bath of 92 deg. Fahrenheit, will commonly suffice for abating the excitement. These means are preferable to actively reducing medicines from the shop. During the first period of the drinking of this mineral water, the general rule for an invalid will be to restrict himself to a simple diet, and to shun excess of every kind, even in his daily exercise.

During the entire treatment, strict regard should be paid to all the laws of health; and in this matter we join heartily with Dr. Bell, in earnestly dissuading the invalid from the use of all alcoholic stimulants and tobacco. We also believe that it will be much better for him to abstain, also, from tea and coffee, at the very least, during the time in which he is taking the mineral water. Milk will be the best substitute for these beverages.

As regards the actual quantity of the Gettysburg water to be taken at one time, experience, so far, seems to favor the use of a gill thrice daily, on an empty stomach; but if this organ be very irritable, the water may be taken two or three hours after a meal. In some cases, in which a mild aperient is desired, a half-pint tumblerful, taken in the morning before breakfast, and followed by another in an hour, will often produce the desired effect. We have known a single tumberful to operate kindly in this way. For the most part, hardly any sensible or immediate effects are experienced from the water in an average quantity. The relief and cure are brought about gradually, and almost imperceptibly, as in the case of Mr. Dana, an ex-member of Congress. Mr. Deihl recovered from his prolonged disease of chronic rheumatism and its gouty complications, after a six weeks' use of the water. The lady living near Gettysburg, who had been a martyr to dyspepsia, in its most painful form, for twenty years, continued to drink the water for some months, before she had entirely recovered. In a case of regular gout, the period of treatment by drinking the water, extended beyond four months.

Gastrotomy for Uterine Tumor.

Editors Medical and Surgical Reporter:

The following case may be of interest to your readers:

Maria S., colored, aged 45 years, presented on the 25th of August last the following appearances: Abdomen enlarged as much as at full term of gestation with a firm, hard and inelastic tumor. She suffered regular paroxysms of pain precisely as a woman in labor.

Protruding from the vulva was a ragged mass in a state of decomposition, the stench from which beggars description. Following up this into the uterus, it was found attached to a solid mass, the precise nature of which we could not determine, not being able to introduce the hand into the vagina.

Her mistress informed us that five years previously, the patient first experienced a slight enlargement in the hypogastric region, which continued very slowly to increase up to this time. Menstruation was performed perfectly but irregularly, considerable abdominal distension invariably accompanying the act.

On the 24th of August the family physician was sent for, and he finding her apparently in labor, and learning the history of the case, requested the assistance of Dr. Voorhees and myself. We all agreed in our diagnosis, and pronounced it a fibroid tumor of the womb, which had increased till the organ had become intolerant and was attempting to expel it by regular and natural contractions as in ordinary labor. Under these circumstances we concluded her only chance for life was the operation of gastrotomy. The reasons for this conclusion are these. She had been in labor three days previous to Dr. Wiley's

visit (who was the family physician,) and there were no indications that the mass would ever be expelled naturally. This long suffering was beginning to tell on her, and prostration would inevitably ensue before many hours. Having procured the assistance of Dr. THOMAS H. TURNER, of Union City, we proceeded to operate. The patient being chloroformed, we made an incision along the linea alba six inches in length, beginning two inches above the navel, and extending four inches below, exposing thoroughly the womb. The tumor was then exposed by dividing the walls of the organ from the fundus to near the neck. Finding the tumor occupied, in its attachment, two-thirds of the internal superficies of the uterus, we abandoned the plan of enucleation, and determined to extirpate the entire organ. The incision was carried up to near the sternum, and down to near the pubis, and the organ and appendages turned out.

The chain of the écraseur was passed around the neck, and gradually tightened till it cut through.

The uterine arteries were ligated. The abdomen was spunged out, and the wound closed by silk sutures half an inch apart, and supported by adhesive straps.

She was put to bed, and a full dose of morphia administered. Seventy hours after the operation, we met Dr. WILEY at the house, and found the patient vomiting and retching, and considerable tympanitic distension of the abdomen. The bowels were freely evacuated with saline cathartics, and stimulating enemas. The opiate treatment was continued, and from that time there was not an untoward symptom.

Four weeks after the operation she was able to walk anywhere in the neighborhood, and when heard from (one week ago) she was in perfect health.

Weight of tumor, minus the part protruding from the vulva, was nine pounds and five ounces.

D. M. PEARCE, M. D.

Union City, Tenn., April 26, 1868.

News and Miscellany.

Medicine as a Profession.

A recent writer in the *Spectator* says:—Medicine is in one respect the very best of professions. It is the only one in which a decent man with a conscience can be absolutely certain that he is doing good. Most things are uncertain in this world; but that it is good to make a man feel less pain, or to keep a sick child alive, or to help a woman in birth pangs, is not, except to very crotchety or very peculiar people, uncertain. Medicine, however, though a very noble, is not a very great profession. Of all others, it has turned out the fewest men who were great in any way whatever outside of their own groove. It requires an exclusive devotion; has often a somewhat narrowing effect on the mind; and, for reasons which it is possible to explain, though impossible to justify, it does not enjoy anything like its proper consideration with the public. An average army surgeon must of necessity be the superior of the average officer of his regiment, being necessarily a man of some knowledge; and, whenever the question has come up, journalists and members of Parliament have always assumed that view with something of petulance; but it will be long before the army is of the same opinion. A great surgeon or physician in London may have any rank; but the country surgeon is not invited by men who invite his brother, the vicar, and is worse paid by half than his cousin, the local attorney.—*Brit. Med. Journal.*

Medical College Commencements.

Woman's Medical College of Pennsylvania.

The Sixteenth Annual commencement was held at the Colleege on Saturday, March 14th, 1868, when the Degree of Doctor of Medicine was conferred by the President, T. MORRIS PEROT, Esq., on the following ladies:

Odelia Blinn, Massachusetts; Sarah A. Coon, New York; Mary E. Greene, New York; Delila S. Irish, Iowa; Agnes M. Johnson, Ohio; Francena E. Porter, Massachusetts; Harriet E. Preston, Pennsylvania; Frances A. Rutherford, New York; Nancy C. Smith, Pennsylvania; Mary E. Wilson, Pennsylvania.

The Valedictory address to the graduates was delivered by EMELINE H. CLEVELAND, M. D., Professor of Obstetrics and the Diseases of Women and Children.

—— Professor JOSEPH PERKINS has resigned the chair of Obstetrics in the medical department of the University of Vermont, at Burlington, and is succeeded by Dr. E. S. DUNSTER, editor of the *New York Medical Journal.*

—— M. RUST has made known a reaction by which phenic alcohol may be distinguished from the creosote separated from beech-wood tar. A mixture of 10 parts of collodion and 15 parts of phenic acid, forms a gelatinous mass, while the creosote from beech-wood tar, mixed with collodion, gives a clear solution.

—— John Brooks, a well-known bird and snake tamer, recently, whilst playing with a pet rattlesnake, was bitten by the reptile, and died within fifteen minutes.

[*Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.*]

MARRIED.

Clarkson—Delafield.—April 30, at the Church of the Ascension, New York, by the Rev. John Cotton Smith, D.D. Howard Clarkson and Alice, daughter of Edward Delafield, M.D.

Henderson—Robison.—At Graham, Nodaway co., Mo., April 12th, by Rev. John Warman, Dr. James A. Henderson, formerly of New Hagerstown, Ohio, and Mollie Twaddell, daughter of G. L. Robison, Esq.

DIED.

Beasley.—Dr. A. Beasley, for thirty-five years a prominent physician of Ripley, Ohio, died, recently, at Peoria, Illinois.

Byrnes.—In Walcott, Iowa, April 25th, Charles Allen, son of Dr. T. and Jennie Byrnes, aged 1 year and 6 mos.

Webster.—In New York, April 27, 1868, Lillie Thornburgh, only daughter of Dr. George W. and Margaret T. H. Webster, aged 3 years 6 months and 10 days.

OBITUARY.

The Late Professor A. J. Foard, of Washington University,

Dr. Foard received his diploma from the University of Pennsylvania. He afterwards applied for a position in the United States army; receiving the appointment, he was stationed at one time in Florida, and again at the military post of San Antonio, Texas. When his State seceded, he resigned his commission, and tendered his services to the Confederate government. Subsequent to the war, when the medical department of the Washington University was organized, he was elected to the chair of Anatomy. Night and day he labored in this position, until, from labor and over exertion, his feeble constitution gave way; disease of the lungs ensued, which, with severe hemorrhages, rapidly prostrated him. He died at Charleston, S. C., in the 39th year of his age, deeply regretted by many warm and sympathizing friends.

Dr. L. Goodale.

Dr. Lincoln Goodale, an old and wealthy citizen of Columbus, Ohio, died April 30th, at the age of eighty-seven years. He was born in Massachusetts, but he has resided in Ohio eighty-one years, which, it is stated, is a longer residence in the State than any one now living can claim.

Dr. J. F. Merritt.

Dr. Jesse F. Merritt died at his late residence, Pleasant Plains, New York, on the 30th of March, 1868, in the 38th year of his age.

Dr. Merritt was a graduate of the "College of Physicians and Surgeons," New York, and began the practice of medicine at the early age of twenty. His labors, during the eighteen years of his practice, have been confined, for the most part, to Hyde Park, Rhinebeck, and Pleasant Plains. His efforts as a physician have been attended with remarkable success. His skill and intelligence were often called into requisition by his brother physicians of the county in difficult and dangerous cases. Not only has the medical profession lost an honored member, but the Church of Christ has also sustained a severe loss. He was an elder in the Presbyterian Church at Pleasant Plains.

ANSWERS TO CORRESPONDENTS.

Dr. W. S. L.—Your suggestion is good, and we shall bear it in mind—indeed, have borne it in mind all along. The cook must be a physician as well as a philosopher. When Talleyrand was asked the secret of his health, he summoned his *chef de cuisine*, and said, "*Voila mon medecin.*" Cooking deserves the attention of all men, and especially those whose duty it is to look after the public health.

Dr. W. D. L., of Texas.—"Can I exchange Texas land for drugs?" We think it very doubtful. But write to some of the druggists who advertise in the Reporter, and see.

Dr. J. D. F. L., of S. C.—"Please inform me what work contains the necessary information about hypodermic injections, the manner of using them, etc." Ruppaner on Hypodermic Injections is a useful little monograph, and as handy as any.

Dr. W. P.—"Is there such a book as '*Nelson's Northern Lancet*,' edited at Plattsburgh, N. Y.?'. There *was*—it *died* ten years ago.

——, "If physicians have to pass through such a long course before they can practice, and even then be armed with the right license, diploma, etc., why should midwives of the weaker sex make their boasts, charge for their services, berate those whose business it should be to attend such cases, and go unscathed. In other words, why cannot they be prosecuted for thus openly pursuing their course without license, etc., and still asking a price?" You must ask some forensic gentleman this latter question. Some practitioners think it a good thing to be saved the tedious attendance in natural labor by midwives.

Dr. J. P. A., of Pa.—"Have any of your readers used permanganate of potassa in acute rheumatism, and if so, with what effect?" You will find an article on the subject in a recent number of the Reporter. We have ourselves used it in some cases, but without decided results, though, on the whole, we derived a favorable impression of its action,

Dr. B. F. B., of Ill.—"Is this powder 'sulphite of soda?' Why does the largest part of it settle to the bottom after being added to water, and form a hard insoluble mass?" The powder you send, certainly *is* sulphite of soda, and a very good article. We have added it to water, and find it *perfectly soluble*. We suggest that it was the water, not the drug, that was not as it ought to have been in your trials.

METEOROLOGY.

April,	20,	21,	22,	23,	24,	25,	26.
Wind	N.E.	E.	N.	S.W.	N.E.	N.E.	N.W.
Weather	Cl'dy. Rain.	Cl'dy. Rain.	Clear	Clear Sh'r.	Clear	Cl'dy. Rain.	Clear. Frost.
Depth Rain	5-10	2-10				7-10	
Thermometer.							
Minimum	36°	39°	33°	41°	30°	34°	30°
At 8, A. M.	45	51	51	64	45	41	53
At 12, M.	53	52	64	69	52	40	59
At 3, P. M.	50	52	68	68	54	41	57
Mean	46.	48.50	54.	60.50	45.25	39.	49.75
Barometer.							
At 12, M.	30.1	30.3	30.4	30.6	30.6	30.4	30.4

Germantown, Pa. B. J. Leedom.

MEDICAL SOCIETY OF NEW JERSEY.

The 102d Annual meeting of the Medical Society of New Jersey will be held at Princeton on Tuesday, May 26th, at half-past 7 o'clock, P.M. The meeting will continue during the following day.

Wm. Pierson, Jr.,
Recording Secretary.

Orange, May 5, 1868.

THE

MEDICAL AND SURGICAL REPORTER.

No. 585.] PHILADELPHIA, MAY 16, 1868. [Vol. XVIII.—No. 20.

Original Department.

Communications.

GENERAL ELECTRIZATION IN DYSPEPSIA, WITH A STATEMENT OF SIXTY-THREE CASES.

By A. D. Rockwell, M. D.,

and

Geo. M. Baird, M. D.,

Lecturers on Nervous Diseases in the University of New York.

Dyspepsia of the nervous variety is unquestionably the most frequent and rebellious of all the chronic diseases of our modern civilization. It is most common in the two extremes of society, the very poor, and the luxuriously rich. But it is pre-eminently a malady of the intellectual and sedentary, and is most commonly met with among students, merchants, professional and literary men, and among females of all classes. We find it associated as a cause or consequence, or at least as a complication, with neuralgia, rheumatism, hysteria, epilepsy, paralysis, with the numerous affections of the genital apparatus in both sexes, and indeed with nearly every form of chronic disorder. Among what are called the brain-workers of society, there are comparatively few, at least in our country, who pass through the average term of life without experiencing to a greater or less degree, some of the symptoms of dyspepsia.

A disease that thus brings so much of sorrow on our strong-minded leaders in business and in letters—that drives the clergyman from his pulpit, the lawyer from his brief, and even the physician from his practice,—a disease so universal and so persistent, which though rarely directly fatal, yet prepares the way for sudden dissolution, through its reactive effects on the brain and other important organs, ought not to be abandoned by the profession, until every means of relief that nature or art has placed in our power, has has been thoroughly tested.

In this paper, we desire to introduce to the profession, a method of treating dyspepsia, which though but recently presented in our medical journals, and, so far as we know, only by ourselves, is yet in many of its essential features very far from being a novelty to a large number of charlatans and outsiders. We refer to General Electrization.

We will explain in brief, wherein general electrization differs from localized electrization, and also the principle on which it is used in nervous dyspepsia, and other diseases associated with constitutional debility. First of all, general electrization is not the use of electricity in the abstract. It is not holding the positive pole in one hand, and the negative in the other. It is not localized electrization, such as is now extensively used by the electricians in Europe, and some few in this country.

General electrization differs from the European, and from the ordinary methods of employing electrization in the following vitally important particulars.

1st. The feet of the patient are placed upon a sheet of copper, to which the negative pole is attached, while the positive is applied over the head, neck, and arms—down the spine over the chest, stomach, liver, spleen, and bowels, in short, over the entire person, from the head to the feet.

2d. In general, the moistened hand of the operator, is used as the positive electrode, (the other hand holding the sponge) the

current passing through his own arms and shoulder.*

3d. In its effects, general electrization is a powerful constitutional tonic, and as such is indicated and used in a wide range of diseases where tonic impressions are desired, on the same principle and with many of the same limitations as we use iron, bark, cold bathing, and the like.

It is because it is a tonic that we have used this agent in dyspepsia. On precisely the same principle we have used it in chorea, rheumatism, amenorrhœa, dysmenorrhœa, anemia and neuralgia. Those who use electricity by any of the ordinary methods of localizing the current in separate muscles, will not secure these powerful constitutional tonic effects, however skilfully and perseveringly they may use it. *Localized electrization* produces only *local* effects. On the other hand, general electrization acts as a *tonic* on the *whole* system. The difference between the effects of these different methods, is best understood by an illustration. All will admit that bathing the body in cold water is a constitutional tonic. But when we wash the face, the hand or the fingers, we do not expect to experience the invigoration that is felt after a plunge into the sea, or after submitting to a shower bath over the entire surface of the body. Just so when we pass the electric current through any single muscle or group of muscles, or through any separate organ, as the stomach or liver, we have no logical reason to expect any of the same constitutional tonic effects, that are devised when the current is thoroughly and faithfully applied over the entire surface of the body.

Used in this way, the electricity causes repeated and violent contractions of many groups of muscles, and directly affects the liver, stomach and intestines, and indeed most of the muscles and nerve ramifications of the system, including, it may be, the great sympathetic.

We may extend our illustrations almost indefinitely; sunlight is a general tonic, but we should call the man a fool who should expect to realize its effects by merely holding his face or arms to the sun, while the rest of the body was confined in a dark closet. Physical exercise is a tonic, but the simple combined motion of the fingers in writing is not to be mentioned in comparison with the invigoration produced by a brisk walk in the open air. We hope not to be misunderstood on this point, for on it hinges the whole doctrine of the tonic effects of general electrization. By as much then as bathing the whole body in cold water, or exposing it to the influence of sunlight, or exercising all its muscles by vigorous labor, have a constitutional tonic effect, immeasureably greater than that which can be obtained by merely washing the face or hands, or exposing the arms to the rays of the sun, or using isolated groups of muscles, by so much *general* electrization as a constitutional tonic is more efficacious than that which is merely *localized*. There have been, and are still, those who say that electricity is not a tonic. They are right. It is not electricity, but general electrization, used in the manner we have described, that produces constitutional tonic effects, and thus cures disease. Electricity in the abstract, is no more tonic than is cold water or sunlight, or simple muscular action. "It is not so much electricity that cures disease, as the physician who cures by means of electricity." A few questions will naturally occur to every inquiring mind, that may properly be discussed in this connection. The first and most obvious inquiry is, does the electric current pass into the inner tissues of the body, or only through the superficial layers just beneath the skin?

This question is answered both by carefully conducted experiments, with regard to the conductibility of the animal tissue, and by the results that are experienced from general electrization.

It has been ascertained that the human body conducts electricity by virtue of the saline solution its tissues contain, that the

* The current is more strongly felt, and electro-muscular contractility is much more readily excited, at the negative than at the positive pole. Although the operator grasps the positive electrode in one hand, and makes the application with the other, which is also positive, yet the operating hand feels the current more strongly than the other, because the body of the patient really becomes a part of the negative pole, with which his feet are connected.

epidermis when in a dry condition, presents the greatest resistance to the passage of the current, and that after it is moistened, the body conducts electricity about fifteen times better than pure cold water.

According to Professor ECKARD:*

The muscles contain 76 per cent. of water, and their resistance is 1.

The tendons cantain 62 per cent. of water, and their resistance is 2.1.

The cartilages contain 62.5 per cent. of water, and their resis ance is 2.

The nerves contain 52.5 per cent. of water, and their resistance is 2.1.

The bones contain 5 per cent. of water, and their resistance is 19.

It seems then that the muscles are the best conductors; next to these are the tendons, cartilages and nerves. The resistance of bone is nineteen times greater than that of the muscles. Mucous surfaces that are continually kept moist with secretion, conduct very actively. Therefore the direct application of the electrodes to the mouth, pharynx, larynx, middle ear or urethra, is very painful unless a very feeble current be used.

These observations of ECKARD have been confirmed by the researches of PTSCHELNIKOFF and LENZ.† It being established then that the tissues of the body conduct electricity in proportion to the saline solutions they contain, it at once becomes apparent, that when a moist electrode is pressed firmly against the region of the stomach, liver, spleen and intestines, the current must necessarily affect those organs, for they all contain a very large per centage of these solutions. We always press the moist hand *firmly* against these regions, so that the abdominal muscles, peritoneum and the viscera may lie against each other as closely as possible. It is sufficiently obvious, that when this course is pursued, the current must directly affect the viscera, whether the negative pole is applied to the back or at the feet, for it will not pass through the ossa inominata, which are poorer conductors by nearly twenty times than the moist tissues.

When the abdominal muscles are in a rigid condition, and no pressure is used to bring them against the peritoneum and viscera, it is possible that the current may diffuse itself through the superficial muscles. For this reason, we always press the hand firmly against the abdomen, and also upwards beneath the ribs against the liver and stomach. Taking into consideration, then, the researches of Professor ECKHARD and others, and the recognized anatomical formation of the parts concerned, the conclusion seems inevitable, that the electric current, directed in the manner described, must reach the viscera, and consequently affect them either for good or evil. With the thorax, however, the case is entirely different. The ribs are comparatively poor conductors; the intercostal muscles are tense and unyielding, and indeed the entire structure of the thorax is so firm and stiff, that it is very doubtful whether the Faradaic current at least can be made to reach the lung-tissue as directly as it does the viscera of the abdomen. The anterior or inferior cartilaginous portion of the ribs, on the other hand, transmit the current as readily as the nerves, and on that account, assist very materially in the treatment of the upper portions of the stomach and intestines. Keeping in mind the above-mentioned facts, with regard to the relative conductibility of tissues, it is evident that when the electrode is passed down the back, and on both sides, the electricity, when firm pressure is exercised, should affect not only the layers of muscles lying beneath, but also the nerves that arise from the cord, the kidneys and liver; the posterior root of the lung, possibly the spinal cord itself through the vertebral articulations, and very likely also the great sympathetic.

When applied around the neck, anteriorly, posteriorly and laterally, the current should affect the superficial and deep muscles and the tissues of the pharynx, larynx and trachea. When the hand is passed over the forehead, or over the entire surface of the cranium (the hair being thoroughly moistened) the current cannot pass through the skull to the brain, because bone is so poor a conductor, and consequently should only affect the superficial nerves and muscles.

The theory is quite admissible, that when the electrode is applied firmly against the

* Eckhardt Beiträge, zur Anatomie und Physiologie. Giessen 1856. Heft I.

† Lenz und Ptschelnikoff, Poggendorf's Annalen.

upper portion of the spinal column, the current may penetrate to the base of the brain, through the articulation at the foramen magnum.

When the electrode is passed up and down the upper and lower extremities, all of the superficial and many of the deep muscles should be sensibly affected.

But in the deceptive science of therapeutics, theories as such are well nigh valueless. In this department, more perhaps than in any other, and especially in electro-therapeutics, experience must ever be our last appeal. The question now resolves itself to this; does experience prove that the electric current affects the body, according to the principles here advanced? The reply is unquestionably in the affirmative. Nor is this view entirely peculiar to ourselves. It is corroborated by all, so far as we know, who have had opportunities of judging by personal experience or observation. That general electrization affects the stomach, is proved by the fact that it stimulates the appetite, relieves the nervous feeling in the epigastric region, and indeed most of the symptoms that are attendant or dyspepsia. Its effects on the liver are sometimes experienced so directly and so rapidly, that jaundice disappears after one or two vigorous applications.

That it reaches the large and small intestines, is proved by the rapidity with which it relieves, and oftentimes permanently cures constipations that are not dependent on mechanical obstruction or incurable paralysis, and also by its tonic effect in chronic diarrhœa.

That it reaches the uterus is clear on the one hand, from the fact that it sometimes causes unpleasant hemorrhages, in some morbid conditions of that organ; and on the other hand, by the many beneficial results that it produces in cases of dysmenorrhœa, amenorrhœa and menorrhagia. Cases illustrative of its influence in these disorders, were detailed in a paper on the subject, read by Dr. Rockwell before the New York County Medical Society.

That the kidneys are affected when the electrodes are passed down the spine and over the lumbar and gluteal regions, is proved by the fact not unfrequently observed, that after such applications, patients at once pass unusual quantities of urine, and are indeed sometimes obliged to rise several times to urinate the night succeeding a powerful application. We have observed this phenomenon in cases of rheumatism and in dropsy, and in patients who are in no wise hysterical. The ultimate result has been a decided relief of the dropsical and rheumatic symptoms. We may adduce here, as an additional proof that the electric current penetrates the digestive organs, the fact that when the stomach, liver, or intestines are in an inflammatory or irritable condition, they are abnormally sensitive, even to very weak applications, and that, too, when the mere pressure of the hand, when no current is passing, is not painful. From clinical experience, the conclusion is inevitable, then, that the electric current does penetrate the internal organs in the manner that we should suppose it must do, from the established relative conductibility of the different tissues. The question, upon what principle general electrization achieves its tonic effects, may be answered by a variety of theories that may or may not be true. We may simply say, *en passant*, that, in our opinion, the theory seems at least plausible, that these extraordinary tonic effects of general electrization are due partly to the mechanical operation of the current on the different nerves and tissues. When we consider the strengthening power of physical exercise of any kind, it is not difficult to believe that the unusual tonic effects of general electrization may be due very largely to the fact that the electric current penetrates the tissues deeply, and exercises the various muscles and organs more thoroughly, and consequently causes a greater increase in the activity of the processes of waste and repair than any of the ordinary remedial agents or systems of treatment. The undoubted good effects that result from rubbing, pounding, kneading, and the like processes, may properly be adduced as arguments in favor of the theory that the tonic effects of general electrization are quite largely due to its mechanical action.

When static electricity, from an old-fash-

ioned cylinder machine, is applied in the form of sparks, to a patient on an insulated stool, it accumulates in the system and increases the nervous force, but in general electrization with the Faradaic current, it is at least very doubtful whether any electricity, as such, remains in the system at all.

If it directly adds to the nervous power of the body, it is probable that it does so not by accumulation, but by its effects, whether mechanical or otherwise, in its rapid passage through it.

The question, whether the current passing through the operator in such quantities, is not injurious, is answered positively in the negative.

It may, however, be stated at the outset, that the Faradaic current does not work by reflex action, or at least but very feebly, and therefore, in its passage from one hand to the other, it would seem that it could not affect any vital organ, or much of the nervous system. The query, whether these same results of general electrization might not be produced by the galvanic as well as by the Faradaic current, has been answered in the statement already made.

The galvanic current works by reflex action, while the Faradaic does not, at least to any marked extent. For this reason it might be injurious to pass it so frequently through the arms and shoulders of the operator. We have observed that after experimenting with it in this way, it has caused unpleasant dizziness and headache. What the results might be if we continued to use the galvanic current in the same way as the Faradaic, we have not yet had the hardihood to determine. Furthermore, the galvanic stream is not readily controlled for the purpose of general electrization. Though more intense than the Faradaic, it does not so readily produce contractions, when applied in a general way, as the Faradaic. In localized electrization, one pole being applied to the nerve and the other over the muscle, the galvanic current will sometimes produce contractions when the Faradaic will not.*

Finally, the best apparatus yet devised for producing the galvanic current for medical use, is not as convenient, as portable or reliable, as the electro-magnetic apparatus that we use in general electrization. We are yet experimenting with the galvanic stream, and it is not impossible that it may be of service in conditions of the system for which it has never yet been employed. We place the negative pole at the feet, instead of the positive, because we have found by experience, that the effects are more agreeable than when the poles are reversed. It is an accepted fact of science, that the negative pole produces different chemical effects from the positive. In making simple local applications to a limb, or to any small portion of the body, we vary the relative position of the poles, according to indications. But for all calmative tonic effects, whether local or general, the descending is far more agreeable and satisfactory than the ascending.

To the inquiry, why a sheet of copper is used for the negative pole in preference to a tub of warm water or some other form of electrode, we reply, that it is found, both by theory and by experience, to be a better and more convenient conductor for the feet than any other arrangement that has been proposed. Liquids are good conductors, as has been stated, but it has been demonstrated by Prof. WEBER,† that copper is fifty million times a better conductor than water. Dr. J. ALTHAUS states that an electric current will more easily pass through a copper wire, ten

* Neumann: Ueber das verschiedene Verhalten gelähmter Muskeln gegen den constanten und inducirten Strom und die Erklärung desselben. Deutsche Klinik, 1864, Ar. 7.

* Ueber Method. Electrisirung Gelähmter Muskeln. Berlin, 1855.

* Die Electricät in der Medicin. Berlin, 1866.

* Die Electricät in ihrer Anwendung auf Prac. Med. Berlin, 1861.

* Notes to translation of Trousseau's Lectures on Clinical Medicine. Part 2, page 331.

Schulz: Ueber das Verhalten der Muskeln bei Paralysis nervi facialis gegen den inducirten und constanten electrischen Strom. Wiener Wochenschrift, 1860. No. 27.

* Baierlacher: Beiträge zur Therapeutischen Verwerthung des galvanischen Stromes. Bayerisches ärztliches Intelligenzblatt. 1859. No. 4.

* Cases of Reflex and Organic Paralysis treated by Electricity, by A. D. Rockwell, M. D., and George M. Beard, M. D. Medical Record, Vol. 2, No. 42.

† Quæstiones Physiologicæ de Phenomenis Galvano Magneticis in Corpore Humano Observatis. Lipsiæ, 1836.

thousand miles in length, than through a layer of water one inch in length, and one of the best conducting liquids with which we are acquainted, viz., a solution of sulphate of copper, conducts electricity sixteen million times worse than metallic copper.

As has been stated, the epidermis in a dry state is a poor conductor, and for that reason we usually moisten the copper plate with warm water before commencing the séance. But aside from the superior conductibility of copper, it is, for obvious reasons, far more convenient than a vessel of tepid water or any other similar arrangement. The question in regard to the permanency of the tonic effect of general electrization can only be answered by time and experience.

In the indigestions, and in other forms of disease that we have treated by this method, we have found the result to be as lasting and as permanent as similar effects when obtained by the use of iron, strychnine, bark, cold bathing, travelling, etc. We are confident that in many phases of nervous disorder, general electrization is not only more successful than merely internal medication, but also more enduring in its effects. The reasons for this are, that it gives, as it were, a new impression to the system, and that, by virtue of its tonic effects on the digestive apparatus and nervous system in general, it causes an increase in the stock of vitality, from which the patient may draw for some time, even under depressing conditions.

From the results indicated in the accompanying cases, it appears that the tonic effects of general electrization are quite remarkable, though they are by no means consistent or uniform. In the majority of cases of debility, it improves the appetite, and sometimes quite speedily; but we meet with instances where it has no such effect, even where the treatment is long-continued.

If the appetite has been morbid, it is usually appeased and regulated.

In cases of debility proceeding from any cause whatever, we do not expect to accomplish much by general electrization until we have first affected the organs of digestion, and yet in one very marked instance, we failed to improve the appetite, although the general health was much benefited. General electrization usually relieves constipation temporarily, if not permanently, and yet to this rule there are frequently exceptions. It also produces slight temporary drowsiness in many cases, and makes the sleep at night more refreshing; but we have met with those whom it seemed to make wakeful. A single application often calms the nervous pains connected with indigestion, but these will continue to recur until persevering treatment has invigorated the entire system. To the majority the applications are rather agreeable than otherwise, and only very rarely are they regarded as positively unpleasant.

The annexed list includes a wide range of chronic nervous affections, but all were more or less dependent or associated with digestive derangement. General electrization was employed, not for the *name* of any disease, but for the *symptom* of indigestion and debility, in a variety of affections, and for the sake of its constitutional tonic effects.

In the light of what has been advanced, it is evident that general electrization is very far from being an *easy* process. Its successful employment requires several vitally important conditions.

1st. *A thorough method of application.* Instead of making the applications of electricity general, and rousing up the whole system with fearlessness and vigor, it has been the custom to use the agent in an indifferent manner, and then, if favorable results were not manifested in a few days, the trial was thought to be sufficient; or else, after the manner of Duchenne, localized electrization was essayed, and oftentimes with the expectation that a constitutional disorder would be benefited by merely local treatment. One great secret of success, (aside from skilful manipulation, which is only to be obtained by constant and varied practice,) is the thoroughness and persistence with which the applications are made over the entire surface of the body.

2d. *The quality and intensity of the current, whether coarse or fine, mild or powerful.* A well-adjusted armature of an electro-magnetic machine, that gives a rapidly and equally in-

terrupted, or, in other words, a *fine* current, is much to be preferred to one that is ill-adjusted, and that gives a current that is slowly or irregularly interrupted, and which, consequently, is unpleasant and positively injurious in its effects, especially on nervous irrepressible constitutions.

The results claimed for general electrization cannot be secured, at least in their fulness and variety, by the use of the magneto-electric or so-called "*crank*" machine, however thoroughly or perseveringly the applications may be made. The form of magneto-electric apparatus in which the electricity is generated by turning a handle so rapidly that the ends of a wire are brought into frequent approximation to a permanent magnet, that is so commonly found in the offices of physicians, gives a harsh, jerking current, that is very irritating when applied locally, and is rarely sufficiently powerful to accomplish the constitutional tonic effects of general electrization, even in the hands of a skilful electrician. Moreover, they are inconvenient, require the aid of an assistant, and cannot be properly graduated. In KIDDER'S electro-magnetic apparatus, that we always use for the purposes of general electrization, the helix and armature are so constructed that it is always easy to obtain a current of an exceedingly fine and soothing quality, and which, even when but one Smee's cell (zinc and platina) is used, is sufficiently powerful for all the ordinary purposes of general electrization.

In making applications to the head, or to the organs of digestion when in a weak or irritable condition, it is necessary to use the most scrupulous care to graduate the current to as mild and soothing a quality as possible. But the strength of the current should be gradually increased from time to time, as the patient seems to be able to endure it, until, perhaps, the whole power of the apparatus may be employed.

3d. *The constitution of each patient must be studied by itself.* There are nervous and delicate females who can bear a very powerful current during a protracted sitting, and there are stout burly men who suffer unpleasant symptoms from a short application of a current of only moderate intensity. An overdose of general electrization, like an overdose of any other powerful tonic, is liable to be followed by a disagreeable and alarming reaction. Patients often complain of sleeplessness and nervous tremors at the outset of a course of treatment, even when the applications are made with studious and practised care.

4th. *Careful attention to the mechanical details of the operation.* In the majority of cases, the operator should pass the current through himself, and use his hand as an electrode, for the reason that it is more effective in its results, more agreeable to the patient, and more convenient for himself after he has once acquired the art, than even the softest sponge. To manipulate with the fingers readily and effectively when a powerful current is rushing through the hand, requires long and repeated preliminary practice, especially for those who are very susceptible to the electric influence. To make the application thoroughly and powerfully, with the least possible discomfort to the patient, the strength of the current and the firmness of the pressure of the hand must be continually graduated according to the sensitiveness of the different localities. Bony prominences are always susceptible to the current on account of the tenderness of the periosteum. The particular points where nervous plexus or ramifications are reached, should be carefully studied out by experiments on the *living* subject.

The clothing of the patient should be removed or loosened in such a way, that without unpleasant exposure, all parts of the body may be reached without difficulty, and the sheet of copper at the feet, as well as the hand of the operator, must be kept continually moistsned with *tepid* water. In some cases the application must be cut short in five minutes, to keep the patient from fainting, and in others may be prolonged for an hour, not only with benefit, but with pleasure. The intervals between the sittings should never be less than thirty-six er forty-eight hours, and must sometimes be extended to a week or ten days.

But after time, experience, and patience

have overcome the obstacles and mastered the annoying details of general electrization, the results it helps us to achieve in the treatment of dyspepsia and its complications alone, are an abundant and sure reward.

914 *Broadway, N. Y.*

Statement of Cases showing the Results of Treatment by General Electrization, of Cases of Dyspepsia with Complications.

[In all, 63 cases are given by the authors, of which our space only permits us to insert the following as fair examples.—Eds.]

1. Age 22, male; duration of disease, eighteen months; constipation and vertigo, with extreme nervousness; number of applications, ten. Result—constipation and vertigo removed, increase in weight and strength.

2. Age 31, male; duration of disease, three years; pyrosis, tympanitis, and extreme emaciation; number of applications, twelve. Result—every symptom dissipated, fifteen pounds increase in weight.

3. Age 52, male; dura.ion of disease, eighteen month; loss of appetite, nausea, and constipation, with jaundice and somnolence; nnmber of applications, fourteen. Result—appetite keen, bowels somewhat more regular, coincident affections dissipated.

4. Age 23, male, duration of disease, two years; distress after eating, cardialgia, and emaciation, with anemia; number of applications, eight. Result—complete relief, some increase in flesh.

5. Age 28, female, duration of disease, nine months; loss of appetite, pyrosis, and debility, with amenorrhœa and chlorosis; number of applications, fifteen. Result—complete relief of symptoms, and coincident affections apparently cured.

6. Age 24, male; duration of disease, four years; loss of appetite, great distress after eating, and emaciation, with anemia and palpitation of heart; number of applications, ten. Result—symptoms greatly relieved, coincident affections approximately cured.

7. Age 32, female; duration of disease, fifteen months; constipation, loss of appetite, and distress after eating, with hysteria and insomnia; number of applications, thirteen. Result—constipation alleviated, other symptoms and affec tions cured.

8. Age 60, female; duration of disease, one year; pyrosis, and appetite capricious, with muscular rheumatism; number of applications, eighteen. Result—no beneficial results, pyrosis possibly a symptom of organic disease of stomach.

9. Age 31, female; duration of disease, eight years; loss of appetite and constant pain in the epigastric region, with neuralgia, anemia, and menorrhagia; number of applications, twenty. Result—symptoms completely relieved, coincident affections approximately cured.

10. Age 30; duration of disease, 3½ years; great distress always after eating, with irritable spleen; number of applications, four. Result—No appreciable change, patient voluntarily abandoned treatment.

11. Age 60, male, duration of disease, —; loss of appetite and constant pain in epigastric region, with excessive debility; number of applications, one. Result—symptoms seemed somewhat aggravated, patient abandoned treatment.

11. Age 41, female; duration of disease, three months; loathing of food, with anemia and excessive excitability; number of applications, seven. Result—much less excitable, appetite normal.

13. Age 30, male; duration of disease, five years; constipation with hypochondriasis; number of applications, four. Result—complete relief.

14. Age —, female; duration of disease, five months; constipation and loss of appetite, with dysmenorrhœa; number of applications, two. Result—discontinued treatment, no relief.

15. Age 23, female; duration of disease, —; bowels irreguiar, and loathing of food, with dysmenorrhœa; number of applications, eight. Result—appetite fair, bowels regular, dysmenorrhœa cured.

CONTRIBUTIONS TO TOXICOLOGY.

By P. H. Vander Weyde, M. D.,

Late Professor of Chemistry and Toxicology in the New York Medical College.

(Continued from p. 203.)

No. 18. Poisons Found in Snuff.

The most common adulteration in snuff, made from inferior insipid kinds of tobacco, are quick lime or some caustic alkali; the latter substances serve a quadruple purpose; 1st, of developing an acrid and pungent effect on the olefactory organs; 2d, of keeping up a desirable degree of moisture; 3d, increasing its weight, it being always sold by weight; 4th, neutralizing the acid developed by the fermentation of the molasses and water which

enters in the regular sauces, added at an early period of its preparations.

For the purely pungent effect, sometimes very finely powdered glass is added, for giving it a peculiar flavor, urine, chloride of ammonium, and sometimes rum are used, for keeping it moist, common salt with chloride of calcium or magnesium, and more recently glycerine has been introduced.

The above substances are easily detected in common kinds of cheap snuff, by any chemist who will take the pains to search for them, but it must not be supposed the more expensive kinds are better in this respect, for instance the Scotch, Spannish, Russian, Maccoby, Welsh, Lundy foot, French, Strasburg snuffs, are mostly medicated, either to give a peculiar flavor or color, or some remedial virtue or vice. These substances are nitrate of silver, the furpeth mineral or basic sulphate of mercury, gold sulphur or red sulphur of antimony, tartar emetic, etc. In this way, they obtain undoubtedly some remedial effect in cases of neuralgia, ophthalmia, migraine, tic douloureux, etc.

However, it is almost unnecessary to remark, how the medical practitioners may be annoyed by symptoms produced by overdoses of such drugs, introduced in the system by an unsuspected channel.

I give this as a hint to my colleagues, principally those in the Southern and Western States, where the ladies indulge in the delightful habit of *dipping* (*) which appears to be the principle use for which snuff is employed at present in this country.

The Theory of Spontaneous Generation.

M. Donné, who has so long and ably supported the theory of the spontaneous generation of organic life, admits that his latest researches, so far from supporting heterogeny, convince him that it is impossible to evolve life from living germs. The fact that a minute vegetable growth has been found within the starch cells of the artichoke is no proof of spontaneous generation.

(*) *Dipping* consists in rubbing the teeth and gums with snuff, by means of a small stick of soft wood; it constitutes the female form of tobacco chewing, and ladies addicted to this vice, can as little do without, as a chewing sailor without his everlasting plug of tobacco.—Dr. W.

Medical Societies.

THE AMERICAN MEDICAL ASSOCIATION.

Minutes of the 19th Annual Session.

Washington, D. C., May 5, 1868.

The nineteenth annual meeting of the American Medical Association commenced its sessions this morning at Carroll Hall, on G street.

At 11 o'clock the Association was called to order by the Presdent, Prof. Samuel D. Gross, M. D., of Philadelphia, and the exercises were opened with prayer by Rev. Dr. Pinckney. Occupying seats on the platform were Vice-Presidents A. C. Post, of New York; Dr. J. L. Atlee, of Pennsylvania; Dr. H. R. Storer, of Boston; and Dr. C. C. Cox, of Maryland;—also, Dr. W. B. Atkinson, of Philadelphia, Permanent Secretary, and Dr. J. W. H. Lovejoy, of Wasihngton, Assistant Secretary.

The President then introduced the Chairman of the Committee of Arrangements, Dr. Grafton Tyler, from whose address of welcome we give copious extracts, regretting our inability to publish the whole, which was throughout, received with demonstrations of approval. Dr. Tyler said:—

Mr. President and Gentlemen of the Association: The pleasant duty is assigned me to announce your welcome. After another year, spent in useful and laborious professional service, you are again assembled for all the pleasures and all the hopes of a social and a scientific reunion.

Your coming among us has been anticipated and provided for in the spirit of fraternity and of hospitality; but until this moment, when we see our wishes realized in this vast gathering of representatives from every part of our territory assembled before us, we knew not the fervor which inspires us now to greet you as we do, one and all, with the warmest welcome of our hearts. As I see before me representatives from the East, from the West, from the North, and from the South, I feel that the first pleasant promptings of duty overflow in a joyous enthusiasm. Welcome, then—thrice welcome among us; not as strangers, for the same enchanting power which bid you here binds us to a common brotherhood in science; not as foreigners—for this city, founded by Washington, the father of his country, bearing his immortal name, is the home of all his country's people.

In greeting you, we also congratulate ourselves not only on your presence here to-day, but upon the prospect of this being the place of your

biennial meetings. What more appropriate selection than this centre of the national life—the seat of the National Government. You are not more the conservators of the life of an individual than you are of the life of a nation. Medicine, in its philosophy, its precepts, and its practice, is coextensive with the operations of government. It is exalted in the seat of justice, deciding, with inflexible sternness, the fate of innocence or guilt. It is sought and embraced for its indispensable aid, not only to the internal welfare, but to the national defence by sea and by land, as well as to its commercial wealth and its progressive civilization. The purposes of our profession are not less important than any which operate near the central power of a great nation, to give it perpetuity and exercise its efficiency. What a more appropriate selection, then, than this as the depository of the archives, and the chief place for the assembling of this National Medical Congress.

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In all the efforts of man nothing has contributed so much to success as the principle of combination, and nothing has more secured the advancement of science than the establishment of associations and societies. The larger part of our knowledge is derived from comparing our own observations with those of others, and by the mutual communication of our thoughts we solve many otherwise insuperable difficulties. I see now before me the distinguished representatives of the universities, the hospitals, the societies, and associations of the cities of every State; I see before me the representatives of the self-reliant, self-sacrificing, and no less honorable and efficient country practitioner; I see before me the representatives of the army and navy, whose achievements in science cannot be eclipsed by the glory of war. Thus the profession of the whole country becomes associated for combined and harmonious effort in improving the result of their labors. For twenty-one years you have thus met together at great personal sacrifice—though sacrifice is common in your daily avocations, and attends all your paths to success.

The history of medicine in this country affords nothing compared with these annual meetings, which has so much stimulated the industry, the generous professional and scientific ardor, the ethical spirit, and useful emulation of its votaries.

Well may the founders of this Association, who have been permitted to live so long, be this day proud of its record.

Thank God that he who was "*primus inter pares*," is still spared to give us the joy of his genial presence, and the blessing of his wise counsel and commanding influence, for whatever is now, or may be, recorded in the transactions of this Association, all that is profound in experimental research, all that is ingenious in discovery, all that is sublime in speculative science, all that is excellent for practical good, flowing to this common receptacle from the incitement of his forethought and the inspiration of his genius, while they distinguish their authors, become enduring monuments of his fame.

Under the guidance of well disciplined minds this Association, strictly national in its organization, and only professional in its aims and purposes, has singularly preserved its integrity, and, in confining its action to these purposes, has given an example worthy of imitation.

It is composed of the young and the old, of every positional grade—embracing always the great, the wise, and the illustrious—all of whom, as if inspired for the advancement and the dignity of the profession, though representing different States, with clashing opinions distinguishing them one from another, though divided in religious and political sentiment, and we may say even in views of social order, yet coming together as a common brotherhood in science, uniting in one grand concert to celebrate her truths, and in laying upon her altars the free gifts and never-fading offerings of wisdom and humanity.

While we feel the spirit of this sublime inspiration, we bid you again, one and all, the earnest welcome of our hearts.

Dr. Tyler's address was referred to the Committee on Publication.

The roll was then called by the Secretary, and a very full delegation was found to be present. About 320 names were registered.

Dr. Tyler, from the Committee of Arrangements, then announced the programme, which, after stating where the various Sections would meet at three o'clock, P. M., of each day, proceeded to announce the following as the manner in which the delegates will enjoy themselves in the evening.

On Tuesday evening, between 8 and 9 o'clock, the Association will pay their respects to the President. At 9 o'clock Speaker Colfax will hold a reception.

On Wednesday evening, from 6 to 10 o'clock, there will be an exhibition of microscopic views at the Army Medical Museum, Tenth street. At 9 o'clock Chief Justice Chase, and Senator Mor-

gan, of New York, will entertain the Association at their residences.

On Thursday evening, from 8 to 9 o'clock, it has been arranged to have the Capitol building lighted, and the dome brilliantly illuminated.

At 9 o'clock the delegates will be entertained by Mayor Wallach at his residence.

On motion of Dr. Arnold, of Georgia, Dr. W. Percival, of Aiken, S. C., was received as a delegate.

It was announced that the morning sessions would be devoted to the transaction of general business, and the afternoon sessions to the reading and discussion of papers in the several Sections, viz., 1. Chemistry and Materia Medica. 2. Practical Medicine and Obstetrics. 3. Surgery and Anatomy. 4. Meteorology, Medical Topography, and Epidemic Diseases. 5. Medical Jurisprudence, Hygiene, and Physiology. 6. Psychology.

Excellent arrangements were made for the accommodation of the various Sections.

At the last meeting of the Association at Cincinnati, in May, 1867, the following regulations were adopted, governing the publication of papers read in the Sections.

Resolved, That the several Sections of the Association be requested in the future to refer no papers or reports to the Committee on Publication, except such as can be fairly classed under one of the three following heads, viz.:

1st. Such as may contain and establish *positively* new facts, modes of practice, or principles of real value.

2d. Such as may contain the results of well-devised original experimental researches.

3d. Such as present so complete a review of the facts on any particular subject as to enable the writer to deduce therefrom legitimate conclusions of importance.

Resolved, That the several Sections be requested in the future to refer all such papers as may be presented to them for examination by this Association, that contain matter of more or less value, and yet cannot be fairly ranked under either of the heads mentioned in the foregoing resolution, back to their authors, with the recommendation that they be published in such regular medical periodicals as said authors may select, with the privilege of placing at the head of such papers, "Read to the —— Section of the American Medical Association, on the —— day of ——, 18—."

Resolved, That no report or other paper shall be presented to this Association, unless it be so prepared that it can be put at once into the hands of the Permanent Secretary, to be transmitted to the Committee of Publication.

The next business in order was the address of the President, Dr. GROSS. The address occupied nearly an hour in the delivery, and it is impossible for us to give more than an outline of a few of the topics discussed in it.

He expressed profound gratitude for the distinguished honor conferred upon him in placing him in a position so often occupied by the distinguished men of the profession. For this mark of respect and confidence he could only promise to do his duty impartially, and, as far as possible, expedite the business of the Association. The Professor then, at length, explained the object and ends of the Association, the duties of the profession, the advancement of the science, the brilliancy of the rank attained by the American faculty in the ranks of the profession throughout the world; the great good the Association had done in the past twenty years by its annual gatherings, and the continued good promised by its uninterrupted meetings. He gave at length his views on the reception of prize essays on medical subjects, and of the duties of professors of colleges, the management of hospitals, etc. He spoke in eloquent and impressive language of the departed members of the Association, and was exceedingly brilliant in his hopes and sanguine expectations of a bright future for this great Republic; entreated the profession to go on doing good, as usual, throughout the length and breadth of the land.

He dwelt very forcibly upon the disadvantages labored under by the medical officers of the navy. Surgeons of the highest grade in the English navy ranked with admirals, while those of our navy reached no higher grade than that ranking with captain or commander. The establishment of a college, where a knowledge of the treatment of the diseases and injuries of the lower animals could be acquired, was very strongly advocated; and it was stated that thousands of highly valuable animals perished annually for the want of a proper knowledge of their diseases. All the countries of Europe contain numerous veterinary colleges, furnished with all the means and appliances for diffusing a proper knowledge of the diseases of the animal kingdom.

The address was referred to the Committee on Publication.

Reports of Committees were then called, and received appropriate reference.

The Committee on Ethics submitted two reports through their chairman, Dr. H. I. Bowditch, of Mass.,; one on consultation with Women practitioners, to which was appended the following resolution:

Resolved, That the question of sex has never been considered by this Association in connection with consultations among medical practitioners, and that, in the

opinion of this meeting, every member of this body has a perfect right to consult with any one who presents the "only presumptive evidence of professional abilities and acquirements" required by this Association, viz., "a regular medical education."

The other was on the resignation of Dr. Julius Homberger, of New York, who, after committing himself to irregular practices, and failing to get the endorsement of the Association, ostentatiously offered his resignation. The Committee offered the following resolution:

Resolved, That the resignation of Dr. Julius Homberger, of New York, be accepted, and that all further consideration of him, or of his peculiar methods of procuring practice, be indefinitely postponed.

The reports were laid on the table.

The Committee on Prize Essays reported that four essays had been submitted, and the two prizes of $100 each were still in the hands of the committee, as no award had been made. They recommend that both should be offered for the best essay, but the subject was indefinitely postponed.

Drs. W. T. Taliaferro and J. H. Buckner preferred charges against Dr. A. G. Field, of Iowa. The matter was laid over for investigation.

The Association then adjourned to meet at 9 o'clock on Wednesday.

In the evening, the Association in a body were received by the President of the United States, and by Hon. Schuyler Colfax, Speaker of the House of Representatives.

Second Day—*Wednesday, May 6th.*

Pursuant to adjournment the association met at 9 o'clock. There were present over three hundred delegates. Among the distinguished visitors who occupied seats on the platform were Professor N. R. Smith, of Baltimore, and Dr. W. Marsden, of Canada. Professor Gamgee, of the Prince Albert Veterinary College, London, author of a number of valuable works on veterinary medicine, especially one on the Rinderpest, was also an invited guest; also Senator Drake, of Missouri.

The report of the committee on the subjects embraced in the President's address was received, and several suggestions made by the committee relative to the same, which were ordered to be put in the form of resolutions and submitted to the Association.

Dr. Cox, chairman of the committee to revise and amend the present constitution, submitted his report. It was ordered to be printed and to lie over under the rules to the next meeting.

A communication from the Medical profession of New Orleans was read, inviting the Association to hold its next annual session in that city, and temporarily laid over.

A number of papers were received and referred to the various committees.

The Association then took a recess of fifteen minutes, so as to give the various State delegations an opportunity to select a member from their respective States to form the nominating committee for the ensuing year. This committee (one from each State) are empowered to nominate all officers for the Association.

At 10½ o'clock the Association reassembled, when the various State delegates sent in the names of the delegates they had selected to form the nominating committee.

The following are the names selected: Maine, Dr. N. P Monroe; New Hampshire, G. B. Twitchell; Vermont, none; Massachusetts, H. R. Storer; Rhode Island, O. Bullock; Connecticut, A. Woodward; New York, J. H. Armsby; New Jersey, S Lilly; Pennsylvania, S. Pollock; Delaware, H. F. Askew; Maryland, J. Hellsby; Virginia, W. Owen; W. Virginia, S. Cummings; Georgia, R. D. Arnold; Ohio, W. H. Mussey; Illinois, E. A. Hildreth; Tennessee, John Keller: Alabama, R. D. Wetherly; Indiana, Geo. Sutton; Iowa, J. M. Cleaver; Michigan, A. B. Palmer; District of Columbia, F. Howard; United States Army Surgeon, Geo. A. Otis.

After the reading of the names and their acceptance, it was resolved that the committee retire at once to organize.

While the committee were absent several papers were received and referred to the various committees.

A number of names of physicians were received as candidates for membership to the Association. They were elected members by invitation.

A letter was received and read, inviting the Association to hold its next annual session at Fauquier White Sulphur Springs, Virginia. Referred.

Professor Gamgee, of the Albert Veterinary College, London, was introduced to the Association, and made some appropriate remarks.

Senator Drake, of Missouri, entering the hall, was invited by the President to a seat upon the platform, and, thanking the Association for their courtesy, remarked that he had called in to see the worthy chairman upon some private business, and had no idea of being so highly honored as to be called to the platform. He spoke in feeling terms of the long continued intimacy that existed between Professor Gross, and his (the Senator's) father, Professor Drake, the well-known late president of the Transylvania Medical College of

Kentucky, and one of the pioneers of the medical profession in the West.

Dr. A. B. Palmer, of Michigan, Chairman of Committee on Medical Education, submitted a report of some length, which was listened to with marked attention by the Association. It was referred to the Committee of Publication, and ordered to be printed.

On motion, Dr. Thomas I. Beeson, of the Choctaw Nation, was admitted as a member.

Dr. Mendenhall then submitted a written report on Medical Literature. Referred to the Committee on Publication.

On motion, the communications in relation to the place of holding the next annual convention were taken up, and referred to the Committee on Nominations.

On motion, the Chair was authorized to appoint a committee of delegates to attend the Medical Association of Canada, to meet in Montreal in September next.

The report of the Committee on Medical Ethics, submitted Tuesday, was taken up and discussed.

The resolution was as follows:

Resolved, That the question of sex has never been considered by this Association in connection with consultations among medical practitioners, and that, in the opinion of this meeting, every member of this body has a perfect right to consult with any one who presents the "only presumptive evidence of professional abilities and acquirements required by this association," viz: a regular medical education.

In support of the resolution, Dr. Washington L. Atlee, of Pennsylvania, delivered a vigorous speech, in which he advocated the recognition of female medical practitioners by the Association.

He spoke of the difficulties which had been thrown in the way of women making progress in their studies; but now they had a college of their own, which was free from all reasonable objections. In other countries women had achieved the highest honors as medical practitioners, and he thought what could be done in France and Germany, could most certainly be honorably done in the United States. He hoped the resolution would be adopted.

Dr. D. F. Condie, of Pennsylvania, next took the stand. It was his firm conviction that the mass of women would achieve higher honors in following the line of duty which had been marked out for them in the order of nature, and would do more good than in turning out physicians.

This remark was greeted with enthusiastic applause, but the Doctor begged them to keep their demonstrations of applause until he got through.

He proceeded to say: I deny that it is impossible for women not to be excellent physicians. There have been many eminent professional female medical practitioners in Europe, and the opportunities were equally favorable for the development of skilful and accomplished female medical practitioners in this country. But he thought this was a subject foreign to the interests of the American Medical Association. The question whether a male physician should consult with them ought to be left to individual judgment; let every member decide for himself. He then spoke of the situation in which one might be placed in an extreme case, where it was important—nay, absolutely necessary—that prompt action should be taken; but should the Association by its action condemn their recognition, what could a member of the Association do? He hoped the resolution would be laid on the table, and the course to be followed left entirely to individual discretion. The more it was discussed, and the more the society opposed them, the greater would be the sympathy created for this class of the profession.

Dr. N. S. Davis, of Chicago, was the next speaker. His views of the subject were clearly defined, and he believed this Association had never taken action upon any matter which distinguished practitioners, either on account of sex or color. There was nothing in the laws of the Association forbidding any member from consulting with any qualified person one way or the other. It was of no importance who the party consulted was, provided they were duly qualified. That had become the universal standard.

If any local Association saw fit to enact a law restricting its members, that was a matter for such societies to determine; but those so interfered with should not claim the legislative power of this Association to pass *ex post facto* laws for their especial benefit.

Dr. Davis next spoke of the dignity of woman, and the important part which she had at all times taken in the affairs of nations, and in all ages of the world. His respect, his reverence, his love, would forbid him drawing any distinctions between the sexes. Wherever and whenever humanity had needed her assistance, she was foremost in good works. The law of the Creator had assigned her sphere of duties; but if there was one who conscientiously believed that she could be of greater service as a physician, why should she be opposed. He was in favor of the broadest equality. If she was to be equal in

the professions, let her be equal on the farm and in the ditch. Let the members consult with whom they please, if they are professionally qualified. He moved that the whole matter be indefinitely postponed.

The previous question being called for, the motion prevailed with but a few dissenting voices.

Dr. John L. Atlee was anxious to say something, but the Chair ruled all remarks out of order.

Then, said Dr. J. L. Atlee, the Pennsylvania delegation are tied hand and foot.

The next business was the discussion of the following resolution:

Resolved, That the resignation of Dr. Julius Homberger, of New York, be accepted, and that all further consideration of him or of his peculiar methods of procuring practice be definitely postponed.

Dr. L. A. Sayre moved that the name of Dr. Julius Homberger be struck from the rolls. He gave as his reason for such a motion, that the individual referred to had violated the code of ethics by which the members are bound to be governed. He also read a letter of inquiry from the editor of the New Orleans Medical Journal, concerning the standing of Dr. H., who was now in that city, advertising his "wares *in extenso*."

Dr. Howard objected to the striking of Dr. Homberger's name from the roll on the testimony of a single accusation. He moved that this matter be referred to a committee of three, with instructions to investigate and report.

Dr. Arnold, of Georgia, denied that it was a single accusation. He stated that the testimony was abundant and well proven. The acts of this Dr. Homberger were disgraceful to the profession.

Dr. Noell of Baltimore obtained the floor, and read the advertisement of several doctors and testimonials from physicians in practice of the qualities of certain quack medicines, and held that it would not be honest or proper to strike Dr. Homberger's name from the roll until the skirts of the Association were clear of the same sin. It was a question of advertising, and he wanted it to be decided whether members of this Association should be permitted to lend their names to endorse the specialties of quack doctors.

Dr. Raphael, of New York, thought too much importance was given to this question. Dr. H. had resigned, and it ought to have been accepted, though he was no doubt glad of the advertisement given him.

Dr. Davis, of Chicago, reviewed Dr. H's relations to the Society, and said the real question was, Shall a member who defied its rules be permitted to resign? This was last year referred to the Committee on Ethics, who reported the resolution. He thought the simplest plan to get rid of him and his humbugs was to accept his resignation.

Dr. Palmer, of Michigan insisted that a resignation required the action of the Society. Dr. H. had violated its plainest rules. He should therefore be expelled.

The vote for the expulsion of Dr. H. passed without dissent.

Dr. Howard arose to make a personal explanation, to set himself right on the records of the Association. He did not wish to be understood as defending the course of Dr. H., but was opposed to hasty action, and wished also to learn the sense of the Association on the subject of advertising.

Dr. Hartman, of Baltimore, submitted some resolutions from the Baltimore Medical Association to the practice of some physicians whose names appear on the roll of the American Medical Association, and who have yet permitted their names to appear in the daily newspapers endorsing the qualifications and professional character of a foreign specialist who has recently settled there.

Dr. Atlee thought the local societies should settle these questions.

Dr. Gross thought they ought to be careful about censuring gentlemen, for their names were sometimes used without authority.

The resolutions were referred to the Committee on Ethics.

The Association then adjourned till 9 o'clock to-morrow morning.

In the evening, by invitation of the Surgeon-General, the Association in a body visited the Army Medical Museum, and examined the pathological and historical specimens, which are rapidly accumulating, and are an honor to our country and a credit to the medical department of the army.

The microscopical exhibition in the lower hall of the Museum, was one of the finest ever witnessed in the United States.

The exhibition was conducted by Dr. J. J. Woodward, and proved most interesting to all present. Members manifested their admiration at the success maintained in photographing anatomical specimens, by enthusiastic applause.

The enjoyments of the day terminated with a brilliant reception at the residence of Senator Morgan.

THIRD DAY—*Thursday, May 7th.*

The Association resumed its session at 9 o'clock, Dr. GROSS in the chair. Reports were received from the Treasurer and Committee of Publication, which were read and ordered to be printed.

Many papers were received and referred to appropriate committees.

A resolution was adopted, that at the next meeting the subject of Specialties in Medicine, and the propriety of specialist advertising be reported on by a special committee.

The Committee on Nominations made the following report:

That the next place of meeting be New Orleans.

That the following named gentlemen be the officers for the ensuing year:

President, WM. O. BALDWIN, of Alabama; 1st Vice-President, GEO. MENDENHALL, of Ohio; 2d do., N. YOUNG, District of Columbia; 3d do., N. P. MONROE, of Maine; 4th do., S. M. BEMIS, of Louisiana; Treasurer, CASPAR WISTER, of Philadelphia.

Committee on Publication—Francis G. Smith, chairman; William B. Atkinson, Caspar Wister, Pennsylvania; H. F. Askew, Delaware; Richard M. Cooper, New Jersey; J. W. H. Lovejoy, District of Columbia; Wm. Mayburry, Pennsylvania.

The report of the Committee was unanimously adopted.

Dr. Mayburry offered, as an additional amendment to Article 5, Plan of Organization, "No report, purporting to emanate from any committee, shall be received unless it be signed by a majority of its members." Laid over.

The Secretary suggested to the delegates that the business of the Publication Committee was rapidly on the increase, and that the funds on hand were not adequate to meet the expenses of printing all the proceedings, as they should be.

The Committee on the President's Address made their report, accompanied by the following resolutions:

1. *Resolved*, That the Publishing Committee are hereby invested with plenary power in regard to all papers not read before the Association or in the Section, to publish or not, as may seem expedient.

2. *Resolved*, That a committee of three be appointed by the chair, to take into consideration the subject of appointment of a commissioner in each judicial district or circuif, whose duty it shall be to aid in the examination of witnesses in every trial involving medico-legal testimony, and to report at the next meeting of the Association.

3. *Resolved*, That a committee be appointed to report next year, in regard to the subject of an Annual Register of the regular profession in the United States, and in the meantime to take necessary measures to carry the plan into effect.

4. *Resolved*, That a committee be appointed to take into consideration the subject of the best mode of providing a Fund for the Relief of Widows and Orphans of Deceased Physicians, and report to the Association at the next meeting.

5. *Resolved*, That a committee of three be appointed to take into consideration the subject of the establishment of Veterinary Colleges, and report at our next meeting,

6. *Resolved*, That all Hospitals and Public Institutions for the care and treatment of the sick should have educated, well-trained nurses only; that this Association would strongly recommend the establishment, in all our large cities, of nurse-training institutions.

The first was lost, and the balance adopted, excepting the sixth, which was referred to a special committee, consisting of Drs. S. D. Gross, of Philadelphia; Elisha Harris, of New York, and Charles A. Lee, of New York.

The Chair then announced the following committees:

Commissioners to Aid in Trials involving Scientific Testimony—Dr. John Ordronaux, of New York; A. B. Palmer, of Michigan; Stephen Smith, of New York; J. R. W. Palmer, of Baltimore.

Annual Medical Register—Drs. John H. Packard, of Philadelphia; William B. Bibbins, of New York; and Ellsworth Eliot, of New York.

Devising a Plan for the Relief of Widows and Orphans of Medical Men—Drs. J. H. Griscom, of New York; N. S. Davis, of Illinois; and A. C. Post, of New York.

Veterinary College—Dr. Thomas Antisel, of Washington, D. C.; C. C. Lee, of New York; and John C. Dalton, of New York.

Specialties in Medicine—Dr. E. Lloyd Howard, Frank Donnelson, and Christopher Johnson, all of Maryland.

He also appointed the following delegates to represent the American Medical Association in Canada, to meet in September next—C. C. Cox, M. D., LL.D., of Maryland; Drs. John L. Atlee, of Pennsylvania; N. S. Davis, of Illinois; Chas. C. Lee, of New York; Grafton Tyler, of the District of Columbia; W. M. Wood, of the Navy; and S. D. Gross, of Philadelphia.

On motion, the Permanent Secretary was instructed to appoint a Sub-committee of Arrangements of three from each State.

Dr. C. C. Cox then read the report on American Medical Necrology, which occupied some time, and was ordered to be printed.

[To be continued.]

Editorial Department.

Periscope.

Mushroom Poisoning.

Dr. T. M. Logan of San Francisco, California, gives the following interesting case in the *Pacific Med. Journal*:

On Friday, 10th January, 1868, at about 4 P. M., Mrs. Tully and her three children by a former husband, McIntyre, residing at the corner of Eddy and Devisadero sts., ate with their supper, which consisted as usual of dried cod-fish and potatoes, two small mushrooms, about one and a half inches in diameter of the *pileus* or cap, which had been gathered by the children in a neighboring lot, brought home and cooked by them very hastily upon the stove. The mother states that she did not examine the mushrooms, but was under the impression that they were the well known esculent species, and that she merely drank the juice, while the children divided and ate the mushrooms between them. Neither the mother nor the children had perceived any bitter, acrid, or disagreeable taste.

In the course of the following morning, Saturday one of the children, George, aged nearly nine years, complained of some pain in his stomach, for which his mother administered a dose of senna tea. Steadily as the day advanced, however, the distress in the abdominal region increased, while thirst and headache, with occasional vomiting and purging, developed themselves. About bed-time, Saturday night, the youngest child, Sarah Jane, five years old, commenced complaining of her stomach, vomiting and purging also two or three times during the night; and some time after bed-time, the eldest girl, Delia, aged ten years, began to exhibit similar symptoms. On the next morning, Sunday, Mrs. Tully, feeling rather unwell herself, and finding the children's sickness persisting, began to suspect the mushrooms eaten on Friday as the cause, and by the advice of an intelligent neighbor, administered an emetic of ipecacuanha to the three children.

Soon after this, George's symptoms becoming rapidly more alarming, a little brandy and water was occasionally administered, but without any benefit; and convulsions setting in, medical aid was sought. At about half-past 1 P. M., Sunday afternoon, I was called upon by Mr. Tully to visit his family without delay. Although making all reasonable haste, it was some thirty or forty minutes more before I reached the distant residence. On entering the house my attention was immediately called to the boy, who was just coming out of a violent convulsive paroxysm, and vomiting a whitish serous fluid, resembling the ejecta of cholera. His face was of a livid red color: pupils of his eyes enormously dilated and respondency to light lost; head hot and feet cold; pulse 130, small and irregular; tongue and lips rather livid, but moist and cold; abdomen tumid and tympanitic; respiration quick, broken and sibilant; action of heart disturbed, and the rhythm and force of its contractions modified. The warm bath having been already resorted to without any benefit, I now ordered sinapisms to the epigastrium and extremities—bottles of hot water to the feet; an enema of warm soap and water, and, as soon as sufficient consciousness was restored, administered spts. ether comp. dr. i,—which I happened to have with me,—in a little sugar and water. These efforts, however, were all in vain, for in a few moments another general convulsion supervened; the lips and visage became cyanotic; the enema was unconsciously returned, and death by asphyxia, resulting apparently from pulmonary engorgement, closed the case in about ten minutes after my arrival.

I next turned my attention to the youngest girl, whose flushed cheeks, hissing respiration, injected and turned back eyes, and contracted and rapid pulse, threatened an impending convulsive paroxysm. By means of sinapisms to the extremities, bottles of hot water to the feet, cold applications to the head, and the administration of spts. ether comp. ʒss., followed by a tumbler full of cold milk, which she eagerly drank, a manifest amelioration of the spasmodic symptoms was witnessed, notwithstanding the frequent vomiting and purging, resembling that of cholera in every respect; while, contrary to rule in that disease, urination steadily persisted.

I was now enabled to give some attention to the eldest girl, who was presenting the same symptoms as those of her younger sister, except the tendency to convulsions. In both these cases the tongue and lips were red and glossy, the eyes injected and pupils enormously dilated and non-respondent to light; thirst urgent; abdomen tympanitic and sensitive to pressure, and intelligence disturbed. I followed out the same treatment as in the former case, and soon further directed emollient cataplasms to the abdomen in both cases. Concluding shortly after, when re-actionary symptoms began to appear, that I had here two cases of gastro-enteritis, complicated with narcotico-acrid poisoning, I

prescribed a mucilaginous mixture of phosphate of lime, with orange flower water to allay the vomiting, and drink of gum-water, *ad libitum*, to assuage the thirst.

On Monday morning, the second day of my attendance, I found my two litile patients much prostrated, particularly the younger, although the purging and vomiting were abated; the pupils of the eyes less dilated and more respondent to light; and a salutary perspiration was perceptible about the head and temples. In both, the pulse was frequent and hard, and in the younger, more decidedly, a lividness of the contour of the eyes and mouth indicated some congestion of carbonated blood in the capillary circulation.

The alarm and confusion of these cases prevented, at the proper time, both on the part of the numerous attendants and myself, that thorough observance of all the phenomena of morbid actions, which the present state of medical science exacts, but which is found so difficult to be carried out in private practice. It was about this stage, however, in their progress, that I thought I detected on the surface of the the urine, of some two or three hours standing, which was passing rapidly to putrefactive fermentation, the small white cottony flocks, answering to the description of the spore-bearing threads of Salisbury. Although, unfortunately, no other opportunity offered to satify myself on this point, I nevertheless shaped my treatment accordingly. Adopting now the views of this writer respecting palmelloid poisoning, and in order to brace up the system of my patients until nature could effect her cure by eliminating what I now conceived to be cryptogamic poisoning, through the skin, mucous surfaces, and kidneys, I prescribed a mixture, glycerole quiniæ, oz. ii; spts. ether nit. half oz.; aqua camph. 3½ oz., to be given to both children by teaspoonfuls every two hours, with the continued free use of gum water and cold milk, *ad libitum* for sustenance.

At my evening visit I found both my patients doing well; the bowels had been two or three times evacuated, and the other excretions were abundant. They had partaken freely of milk, and the elder had asked for some bread, which was allowed. The younger girl was disposed to somnolency, apparently from exhaustion. I directed a continuance of the morning treatment.

On Tuesday morning I was surprised by an early summons to meet Dr. Manning in consultation. On arriving at the house I was relieved by finding that the somnolency, which proved to be recuperative, in the younger girl, noticed the day before, had been misconstrued by the mother into approaching dissolution, and hence the alarm and desire for further medical advice. After I had acquainted him with all the circumstances of the case, Dr. Manning expressed himself perfectly satisfied as to the correctness of my course of treatment, so much so as to convince the family that his services were not then wanted, and would not be needed again.

From this time the recuperative energies of my patients advanced *pari passu* with the free diuresis and diaphoresis excited by the treament, which was adapted to the elimination of the poison from the system. The livid appearance of the contour of the eyes and mouth gradually cleared up, the dilatation of the pupils of the eyes became less and less, the torpor of mind and body gave place to vivacity and activity, the urine and other excretions gradually returned to their normal condition, and by the last of the week, nine days after the mushrooms had been eaten, my patients appeared to be getting on so well that I discontinued my visits.

It is to be observed here that the mother who drank the juice only of the mushrooms, experienced all this time little or no unpleasant effects. She afterwards, however, consulted me about an erythematous affection of her neck and breast, of a persistent character, which she attributed to the mushrooms. It would seem, therefore, that, in these cases, the juice proved the least poisonous part. This is contrary to the heretofore generally received opinion. Chausarel found the poisonous principle to reside in the juice, and not in the fleshy part. [*Repert. für die Pharmacie, LXVI., p.* 117: *Christison on Poisons, p.* 704.]

Another circumstance worthy of particular notice was the great durability of the symptoms, and the length of time which elapsed before their manifestation. Gmelin [*Aymen. in Hist. de la Soc. Roy. de Med., I,* 344] has quoted a set of some seventeen cases, in which, it was said, a day and a half intervened between the eating and the poisonous symptoms of mushrooms. These were cases, however, in which the symptoms were rather attributable to their indigestibility, after a hearty meal of mushrooms, as mention is made of portions being discharged by vomiting. It is the longest period I find recorded by any of the numerous observers on this point. Generally it has been noted that but a few hours, sometimes but a few moments elapse before poisonous symptoms develope themselves. This is what would be naturally expected from

the irritation of an acrid narcotic placed in direct contact with the highly organized gastric surface. But when it is remembered that in our case, there were only two small mushrooms, partially cooked, and divided between four persons, and the lapse of time is taken into consideration which transpired before any effects whatever were experienced, it must be acknowledged that there was something more brought into play, even allowing that the mushrooms were mistaken for toad-stools of the most virulent nature, than the merely narcotico-irritant action of so small a portion.

Reviews and Book Notices.

NOTES ON BOOKS.

Letters frequently reach us asking information about various mechanical surgical contrivances, wishing to know how the precise measurements must be taken in ordering them from a distance, or requesting us to suggest some one of the many instrumental means adopted for the relief of deformities. We have often felt at a loss for some good, well-illustrated catalogue, which would give in brief all such information. There was none. Now, however, we are glad to say that want is supplied, and well supplied. Mr. D. W. Kolbe, the well known instrument maker of this city, (15 South 9th street,) has recently published a pamphlet of 37 pages, illustrated with 84 wood cuts, exhibiting numerous specimens of various orthopædic appliances, and giving minute and full directions for taking the necessary measurements to obtain and adjust them properly. The forms are of the most approved kinds, endorsed by the best surgeons of our day. The catalogue can be had on application as above, and will be found very useful.

The "Fifty-First Annual Report on the State of the Asylum for the Relief of Persons deprived of the use of their Reason," at Frankford, Pa., which is embellished with two handsome lithographs, shows that admirably conducted institution in a flourishing state.

The Addresses delivered at the Nineteenth Annual Commencement of the Medical Department of Georgetown College, by Drs. Robert Reyburn and Geo. M. Wellman, have been printed by the request of the graduating class in pamphlet form. They are well written and appropriate.

The Pennsylvania State Temperance Convention was held in Harrisburg in February. A pamphlet of its proceedings has been published at Lancaster, (Daily Express Office.) It contains a number of papers on moderate drinking, alcoholic drinks in disease, intemperance and disease, intemperance and crime, etc., which will be found vigorous in language, if they are occasionally "shaky" in statistics.

We have received the "Report of the Board of Health of the City and Port of Philadelphia for 1867," for which the Register has our thanks. We shall refer to it again.

The "Report of the Commissioners of Quarantine and the Health Officer of the Port of New York" for 1867, contains some valuable statistics on the introduction of the cholera into this country.

The "Resources of Missouri," by Mr. Sylvester Waterhouse, of St. Louis, a pamphlet of 64 pages, is intended to show the great natural wealth of that large and flourishing State, and its peculiar advantages for parties who propose to migrate to the West. It should be read by all who anticipate so doing.

The Indigestions; or Diseases of the Digestive Organs functionally Treated. By Thomas King Chambers. Second American, from the Second and revised London edition. Philadelphia: H. C. Lea. 1868. 1 vol., 8vo., cloth, pp. 319. *Price*, $2.50.

This well known work of Dr. Chambers has all the fresh interest and sound learning which characterized his "Renewal of Life." We have rarely perused any work on that troublesome disease, dyspepsia, which at all approached it in valuable suggestions, and never any which surpassed it in brilliancy of style and felicity of illustration. In the latter respect the author is really remarkable. His cases are told briefly, but most clearly and to the point.

After rehearsing the various forms of Indigestion, Dr. C. touches upon the various habits of social life which lead to them. Here he enunciates some peculiar views. Natural sexual excess he thinks rather favors digestion than impedes it; moderate drinking he does not abhor; he makes out by no means so strong a case against tobacco as many other writers have done; and he pooh-poohs at both the dangers and the insidious hold upon the appetite of opium eating. The closing chapter on nerve disorders connected with indigestion, is especially worthy study, on account of the light it throws on many obscure and annoying complaints.

Medical and Surgical Reporter.

PHILADELPHIA, MAY 16, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require as little revision as possible.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The AMERICAN MEDICAL ASSOCIATION.

The nineteenth meeting of the Association, which was held in Washington last week, is admitted to have been one of the best ever held. The general business was transacted harmoniously and expeditiously, and an unusual amount of business was done in the Sectional meetings. We give in this number a carefully prepared, and full report of the proceedings of the morning sessions, reserving a report of the Sectional meetings to our next issue, for want of space. The meeting was well attended, every part of the country being represented. The fraternization of the north and south was complete.

A number of important special committees were appointed, who, it is hoped, will be fully ready with their reports at the next meeting. Among these, are those on constitutional amendments, and on archives and library. The constitution has been tinkered at every year since the organization of the Association, and it is to be hoped that the committee will study the minutes of past meetings closely, and endeavor to embody in their report all the ideas that have been proposed, that are worthy of consideration.

It will be observed that in spite of the restriction imposed on the Committee of Arrangements at the meeting at Cincinnati in respect to entertainments, etc., the social features of this meeting were sufficiently marked. As this is a very important and necessary feature of all medical society meetings, it is folly to endeavor to repress them entirely. It may, however, be carried too far, as was done at Cincinnati last year.

We do not doubt that much of the success of this meeting is due to the efficiency of Dr. GROSS as a presiding officer. All who are in the habit of attending the meetings of the Association, know how important it is to have a good presiding officer. Dr. GROSS' national reputation tended also to add interest and character to the meeting, showing the importance of conferring this high dignity on such men, and such only.

SHALL PROSTITUTION BE LICENSED?

Some time last year we quoted at considerable length a letter from Professor ANDREWS, of Chicago, bearing on the question we have placed at the head of this article. Prof. A. answered it with a decided negative. He compared, or undertook to compare the prevalence of syphilis in Paris and other cities, where a system of licensing houses of prostitution is in vogue, with its frequency in Chicago, and others of our own and English cities, where no such regulations exist. He concluded that a license is injurious, first, because it holds out a real or fancied security against disease, and thus increases temptations; and, secondly, because it is in fact impossible to enforce.

While we gave Dr. A's views without comment, we were and are far from considering that they were based on thoroughly trustworthy data, or were entirely free from prejudice. That a law is not enforced, is no sign that it is not sound and useful; that temptation is increased by these regulations we know is not the case; and that Dr. A's statistics are dependable we seriously doubt.

But it was not to discuss the question that we mentioned this letter of Dr. ANDREWS. It was to show what the Sanitary Commissioners of the Metropolitan Board of Health of New York, Drs. PARKER, STONE, and CRANE, who have recently studied the subject in all its bearing, recommend. Their communication appears in the appendix to the very valuable "Second Annual Report of the Metropolitan Board of Health of the State of New York," recently issued.

After making the appalling statements that there are *on the police reports* 569 houses of prostitution and 90 houses of assignation in New York, that at the present time at least 20,000 persons are suffering with venereal disease in that city; and after touching briefly but pointedly on what is called the "moral" view of the question, they proceed to submit the following propositions:

1st. That the hospitals and dispensaries which receive pecuniary aid from the State, shall be obliged to treat venereal diseases.

2d. That all keepers of houses of prostitution and assignation shall be registered.

3d. That when any woman gains admission, she shall at once be reported to the police.

4th. That a hospital shall be established for prostitutes.

5th. That the houses and persons of all prostitutes shall be inspected.

Of course these recommendations are crude and incomplete, but they show the tendency of thoughtful unbiased men, who have given long and close attention to the various possible remedies for this great evil. All we ask for them is, that every member of our profession shall weigh them well, and in his judgment rise superior to the prejudices arising from mistaken or effete religious or ethical notions which environ the subject.

Notes and Comments.

The Right Track.

We are glad to see that there are some papers in our country who have decency and honor enough to refuse the disgusting and immoral advertisements of quack doctors. The *Yolo County, California, Democrat*, for instance, uses the following manly language:

"We are in almost constant receipt of requests to publish statements, certificates, and catalogues, prepared for the public without any regard to the moral tendencies of their contents, by persons calling themselves physicians. There should be a strict law enacted to prohibit the venders of quack medicines, or any other persons, from advertising their wares and 'professional' services in terms indelicate, indecent, and obscene, whether 'strictly confidential' or not. Agents or principals, who have been in the habit of sending such advertisements to the office of the *Democrat*, are informed that they may save time, trouble, ink, paper, and stamps, by refraining in future from all similar attempts, for we will *not* publish them, whether 'it pays,' or not."

We wish that some of the so-called "religious" papers would follow this example.

Cast Iron Stoves.

A discussion has been going on in the Parisian Academy of Medicine, on the healthiness or unhealthiness of cast iron stoves, (*poêles de fonte.*) Some physicians claimed that a gradual absorption of carbonic oxide takes place by the metal sides, which is slowly disengaged in the surrounding atmosphere. This causes the air of the room to assume a poisonous character, and induces typhoid fevers and similar diseases. The other party asserts that no such process takes place, and that if there is any diffusion of the gas by the plates, it is on their inner, and not outer surfaces.

A New Galvanic Battery.

A new galvanic battery is described in the last number of "*Les Mondes*" as follows:

"M. Boéttger has published in a recent article a mode of constructing voltaic batteries, which has the advantage of being simple, and of small expense. It is particularly applicable where a constant current is desired; as for example, for electric clocks. It consists of a jar of glass or earthenware, into which is introduced a hollow cylinder of zinc, containing a cylinder of coke. These two cylinders do not touch, and the space between the two is filled with a mixture of common salt and sulphate of magnesia in a moist condition. The cells or elements are then connected in the ordinary manner."

A New Thermometer.

A new thermometer, which is not affected by radiation, has lately been devised by Dr. Joulé. It consists of a copper tube surrounding another tube, which is open at the top, and having a hinged bottom; in the smaller tube is suspended a fine wire in a spiral form, suspended by a silk thread, upon which is a small mirror. When the bottom is closed, the mirror stands at 0°, but when open, the air inside being usually warmer than the outside atmosphere, a current is established, twisting the silk. One degree Fahrenheit, causes a complete turn of the mirror. The cause assigned by the author for this elevation of temperature inside the copper tube, is, that the copper absorbs light and heat from the atmosphere, and causes an internal radiation.

Correspondence.

DOMESTIC.

Apparent Death from Chloroform.

EDITORS OF MEDICAL AND SURGICAL REPORTER:

The hope of receiving information that will satisfy my own mind, as well as the minds of many of this community, through the medium of your excellent journal, is my excuse for addressing to you this communication; and in order that you may understand better what I desire, I will give you briefly a statement of the case.

Dr. J. T. VAN BUSKIRK, a graduate of the Jefferson Medical College, Philadelphia, my partner in practice, and a worthy and scientific man, died recently under somewhat peculiar circumstances.

He complained in the morning of having a severe headache, and kept his bed; during the day he possessed himself in some manner of a bottle of chloroform, and commenced inhaling it for the purpose of relieving his head. It is supposed it overcame him before he was aware, and when found, he was dead. When the time for the funeral ceremonies arrived, stories were in circulation that he was not dead, that he had showed signs of life. He was examined by three physicians, who pronounced him dead, myself being one of the number; but this was not sufficient to satisfy them. Numerous witnesses brought forth testimony to the effect that they had known cases of apparent death by chloroform, where the person came to life after a number of days, etc. So high did the excitement run, that the body was disinterred after about thirty-six hours, and again examined, one of the three physicians being present; again decided that life was extinct, and the body was reburied.

Since that time so many have come to me with cases in which the person apparently dying from chloroform have recovered after a number of days, that I now wish to know whether you or the many readers of the REPORTER are conversant with any such cases, in which an overdose of chloroform has thrown the individual into a state resembling that of a trance, from which they have finally emerged and recovered. For my part I have been, and am still inclined to treat such stories very much as you treat the question of "Reptiles in the Human Stomach," in the REPORTER of March 28th, 1868. But I should be much pleased to hear something on the subject from those of more extended observation than myself. D. A. MCLEAN, M.D.

Gorham, Ohio, April 22, 1868.

[We doubt very much the frequency of any such result from the administration of this agent.—EDS.]

An Answer to Dr. Campbell.

(REPORTER, vol. xviii., page 354.)

EDITORS MEDICAL AND SURGICAL REPORTER:

In reply to the article, "An M. D. 'stumped,'" I give the following case, of several others in my practice.

Mrs. F., who lives in the second house below my office, had an abscess of the breast, which commenced some three days after her first confinement, which was about five years ago, and since that time she has been frequently affected with induration of the breast, followed in a few hours with chills and fever, which, if left alone, return every day or every other day.

Having become accustomed to the symptoms, as soon as she begins to feel the pain and hardening of the breast, she takes quinine in five-grain doses, which, in twenty-four hours, removes the pain, and frequently prevents the chill and fever. This patient has been confined once since the time above mentioned. She is subject to the attacks alike while her infants nurse, and after they are weaned. I consider her complaint neither chronic weid nor neuralgia, but intermitting fever, and if left alone, the induration and pain would increase with every paroxysm. Let Dr. M. C. CAMPBELL try quinia in large doses, and see whether he cannot set aside an attack in his patient. I find many more abscesses since I have practised in a miasmatic district, than before. E. A. OPPELT, M.D.

Tuscarawas, Ohio, April 29, 1868.

News and Miscellany.

Golden Wedding.

The fiftieth anniversary of the marriage of Dr. WM. A. A. HUNT, an old physician of Clarksville, N. J., was celebrated on May 5th. A number of clergymen and other friends assembled at his residence, and tendered their congratulations to the couple, who had for half a century withstood the assault of time, as man and wife. No presents being accepted from the friends—the son and daughter presented a superb writing desk, with stationery, a beautiful "Morton" gold pen, and a very fine gold-headed ebony cane, bearing the inscription, "WM. A. A. HUNT, Golden Wed-

ding, May 5th, 1868," and some suitable jewelry for Mrs. Hunt.

The entertainment was an exceedingly interesting one to all who participated.

Anecdotes of Malgaigne.

A good tale or two are told of Malgaigne in the *Gazette Médicale de Lyon*. "How do you proceed," he asked a candidate, "in performing the operation of extraction of cataract?" "I—I," hesitatingly replied the youth, "empty the anterior chamber." "Very well; and next?" The candidate, seeing himself thus encouraged, and believing himself to be on the right road; "And then I empty the posterior chamber!" "Capital; and then?" "I—I—I—" "Why, you stick up a bill, '*chambre à louer.*'" In the next the candidate was evidently a sharper fellow than this noodle. Malgaigne, interrogating him upon the rotation of the stomach in its conditions of vacuity and repletion, and on the relative gravity of wounds of the organ in these two different conditions, in order to put the question more precisely, said, "Now, sir, if you were called out to fight a duel, would you think it more prudent to breakfast before or not?" "By my faith, sir," replied the other, "I would break fast before, because I could by no means be sure of being able to do so afterward." The last we give in the original. Examining a would-be *officier de santé*, he asked him how he would proceed for the extraction of the placenta. "Je tirerais sur le cordon." "Et après?" "Je tirerais sur le cordon." "Bien, mais si rien ne venait? "Je tirerais plus fort sur le cordon!" "Eh! Monsieur, une portière en ferait autant que vous."—*N. Y. Med. Journal.*

Erratum.—On p. 395 in Dr. Blodgett's letter for *tibio-dorsal* read *ilio-sacral.*

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

Breckinridge—McKnight.—At the residence of the bride's father, near Louisville, Ky., April 30th, by the Rev. W. L. Breckinridge, Dr. Stanhope L. Breckinridge, of Danville, Ky., and Miss Rosa L. McKnight, of Louisville.

Hurst—Kincaid.—April 29th, at the residence of the bride's father, near Irish Grove, by Rev. F. J. Moffatt, Dr. Merritt Hurst and Miss Mary F. Kincaid, all of Menard county, Illinois.

Stokes—Rover.—May 5th, 1968, at St. Paul's Church, Chestnut Hill, Philadelphia, by Rev. John A. Harris, James Stokes, M.D., of Lenox, Ohio, and Willie C., daughter of Jacob Rover, Esq., of Branchtown, Pa.

Tunis—Allen.—By the Rev. R. B. Sutcliffe. May 6th, 1868, G. Stafford Tunis, of Burrsville, and Miss Augusta Allen, of Point Pleasant, Ocean co., N. J.

DIED.

Agnew.—At Harrisburg, Pa., April 12th, Dr. Henry Agnew, aged 28 years, late of Easton, Northampton co., Pa.

Hatfield.—In this city, on the 4th inst., Lelia, daughter of Dr. N. L. and Susanna Louisa Hatfield, aged 1 5 years.

Housekeeper.—In this city, on the 4th inst., Jeremiah King Housekeeper, youngest son of Dr. Benjamin and Elizabeth Housekeeper, aged 9 years and 9 months.

Landon.—In Brooklyn, N.Y., of scarlet fever, May 4th, Seymour Harper Landon, 4 years of age, son of Dr. D. S. and Elizabeth H. Landon.

Page.—In Washington, D. C., on the 5th inst., in his 57th year, Professor Charles Grafton Page, M.D., Examiner in the Patent Office.

Pleasants.—On the 2d inst., after a short illness, at the residence of her parents, in Radnor, Delaware co., Pa., Emily Sargent, daughter of Dr. Henry and Emily Pleasants.

Whiting.—In New York, May 2d, Dr. Alexander B. Whiting, once Health Officer of the Port of New York.

ANSWERS TO CORRESPONDENTS.

Dr. J. S. G., of Ga.—"I have been treating a case of epilepsy for twelve months, with bromide of potassium. The case is functional, as far as I can judge. Has lasted twelve years. No regularity in the attacks. The patient very seldom falls. Previous to the use of the bromide, he always lost consciousness, but now he very often is conscious in the attack. I began the bromide in fifteen-grain doses three times a day, and have now got up to forty-five. At every increase of the dose there is an improvement. What I wish to know particularly is, how much can I give? Will a hundred grains three times a day be safe? The patient is the 'picture of good health.' Can I add anything to the bromide?"

It is not altogether safe to venture too boldly on the bromide, ʒj. ter die, should hardly be exceeded. At least one case of death by poisoning has been reported, where it was given in excess.

——"Is there anything better than arsenic in pityriasis or any chronic skin disease?" Your question is too broad for us to answer directly. It depends on the disease and the patient. On the whole, tar is probably as efficacious as arsenic—more so, often.

Dr. B. B., of Mich.—"Is there any work or monograph extant on 'locomotor ataxia?, If so, please give name and place. If there is none, from what source can one obtain a full exposition of the pathology and treatment of the disease?" We know of none published in this country. Guy's Hospital Reports for 1866 has a good article on it.

——"Will you please give me the name and price of the best electro-galvanic apparatus, and where it can be procured? A portable instrument is preferable, or medium in size. Do you know anything of Jerome Kidder's six-current electro-medical apparatus, of New York?" We think Kidder's is the best. The only objection to it is that it is patented. Price $20.00.

Dr. J. K. S., of Pa.—"What work do you recommend on spinal diseases?" Taylor on "Spinal Irritation," may perhaps cover the points you wish.

METEOROLOGY.

April,	27,	28,	29,	30.	M. 1,	2,	3.
Wind	N.	E.	E.	S. W.	N. W.	N. E.	N. E.
Weather	Clear.	Cl'dy.	Cl'dy. Rain.	Clear.	Clear.	Cl'dy. Rain.	Cl'dy.
Depth Rain						5-10	
Thermometer.							
Minimum	39°	40°	35°	38°	40°	40°	36°
At 8, A. M.	62	51	47	49	59	55	48
At 12, M.	67	58	45	59	62	58	57
At 3, P. M.	68	59	44	67	64	58	56
Mean	59.	52.	42.75	53.25	56.25	52.75	49.25
Barometer.							
At 12, M.	30.4	30.4	29.9	29.9	30.2	30.1	30.1

Germantown, Pa. B. J. Leedom.

MEDICAL SOCIETY OF NEW JERSEY.

The 102d Annual meeting of the Medical Society of New Jersey will be held at Princeton on Tuesday, May 26th, at half-past 7 o'clock, P.M. The meeting will continue during the following day.

Wm. Pierson, Jr.,
Recording Secretary.

Orange, May 5, 1868.

THE

MEDICAL AND SURGICAL REPORTER.

No. 586.] PHILADELPHIA, MAY 23, 1868. [Vol. XVIII.—No. 21.

Original Department.

Communications.

INSTRUMENTAL DIAGNOSIS.

By Philip S. Wales, M. D.,

Surgeon, U. S. Navy.

(Continued from page 402.)

Ophthalmoscopy.

The ophthalmoscope, from *ὀφθαλμος*, the eye, and *σκοτεῖν*, "to view," is an instrument designed for the inspection of the interior of the globe of the eye.

The obscurity of the interior of the eye had been thought, up to a certain period, to depend upon the absorption of the rays of light, entering it through the pupil, by the pigmental membrane lining it; and, therefore, as there were no reflection, the parts within must remain invisible. However, the luminosity of the eyes of certain animals, as the cat and rabbit, and even those of the human subject in that remarkable condition called albinism, remained as a fact, which call for an exactly reverse explanation, and led to a closer scrutiny into the causes of the difference of luminosity in the eyes of man under ordinary conditions, and in those of the brute animals above mentioned. The conclusion arrived at, from a closer examination of the subject, was that, in both instances, there was luminosity, or a reflection of the incident rays from the bottom of the eye, but that in man the choroidal pigment was deeper colored than in animals, and was, therefore, inferior in power as a reflecting surface; while an additional reason was found in the manner in which the eye was ordinarily examined. The head of the observer, in order to catch the emergent rays, must be interposed between the luminous body and the eye, so that the rays emitted from the former were effectively cut from entering the eye. With these facts known, it was easy and rational to conjecture that with proper care in managing a light, as to its distance, intensity, and quantity, and in placing the eye of the observer in suitable position, these reflected rays might be received by the latter and the observed retina seen.

Mr. Cumming, in the 29th Vol. of the "Medico-Chirurgical Transactions," was among the first to develope this method of ocular examination; he states that in the majority of cases the retina may be seen in the following manner. Let the person, under examination, sit or stand eight or ten feet from a gas-light, looking a little to the side; standing near the gas-light, we have only to approach as near as possible to the direct line between it and the eye to be viewed, at once to see the reflection. Or, in a dark room, a candle being placed four or five feet from the eye, if we approach the direct line between them we shall be able at once to see it in many cases. If solar light be admitted through a nearly-closed shutter into a dark room, the luminosity may be seen when the pupil is tolerably dilated, the patient standing five or six feet from the aperture, and the observer occupying the position before indicated.

In this mode of examination the observer was compelled to keep his head a considerable distance from the observed eye in order that it might not cut off all the rays coming from the luminous body, which would most certainly occur by a nearer approach. At any distance more or less of them must necessarily be intercepted by the head occupying any position between the source of light and the eye under examination. This unavoidable difficulty, and the great distance of the observer from the eye to be viewed, rendered this plan of ocular exploration almost futile as a diagnostic means in ophthalmic disease.

This was the unsatisfactory condition of the problem when Helmholtz, Professor of Physiology at Heidelberg, took up the

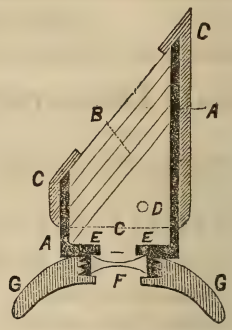
subject, and by patient investigation and experiment, resolved it in the most satisfac tory manner, and invented the first ophthalmoscope in 1851.

The optical principles involved in the construction and application of the instrument are simple. If a plain mirror be held before the eye, receiving light from a luminous body placed in certain relation with it, the rays are reflected from its surface into the interior of the eye, where they form an inverted image of the luminous body, upon or in the neighborhood of the *macula lutea* of the retina, after having undergone various changes in direction by passing through the refractive media, the cornea, aqueous humor, crystalline lens, and vitreous humor. The rays, after forming this image, are reflected from the retina to the exterior exactly in the reverse direction of their entrance, and fall upon the surface of the mirror. If now this be transparent or if opaque, perforated at the centre with an aperture, those rays not reflected again will continue in their course to the rear of the mirror where, if the eye of an observer be placed, they will be received upon his retina, and display the bottom of the globe of the observed eye.

But the emergent rays are refracted by the media of the observed eye, so as to be convergent so that the normal eye of an observer, which is adjusted only to receive parallel or slightly divergent rays, will not see the retina distinctly until these rays are rendered parallel. This change in the direction of the rays is effected by means of a double-concave glass placed behind the mirror. This lens is not indispensable, for the same result may be obtained by directing the person whose eye is under observation to regard a distant object, when an adjustment will be effected for the reception of parallel rays, and necessarily the emergent rays will also become parallel.

The instrument of Helmholtz, based upon these simple optical principles, consists, as shown in the figure, of four superposed transparent glass plates, *B*, fitted obliquely into the bevelled end of the short tube *A*, by the cups *C C*, at an angle of fifty-six degrees with the dotted line *C*, which is at right angles with the base of the tube. The proximal end of the tube is fitted with a diaphragm, and supports a screw cap, *C C*, holding a double-concave lens, *E*, of about ten inches focal length. In myopic, presbyopic or hypermetropic conditions of the eye, lens of other strengths will be required.

Fig. 1.



Helmholtz employed the four glass plates in his reflector, because they enabled him to obtain the greatest amount of illumination with the least inclination of the reflecting surface; and at the same time the eye was better shaded, and the plates seen through more easily than could have been the case had only one plate been used from which to obtain the same amount of illuminating power, would have required it to have been placed at a greater angle, 70°. Another advantage of the combination is, that the polarized light reflected from the cornea, which materially obscures the clear perception of the retina, is stopped by the plates, whilst the other rays depolarized by reflection from the retina pass through it to the eye of the observer.

The instrument now described, although sometimes useful when there is great sensitiveness of the retina, or when the examination is made without the preliminary dilation of the pupil, is now scarcely ever employed. Its place has been usurped by instruments with concave reflections of silvered glass or lightly polished metal, which, although a positive improvement on the old instrument, yet are based upon exactly the same optical principles. These modifications are exceedingly numerous, and nearly every ophthalmoscopist has more or less varied the instrument to suit his own views of convenience or efficiency.

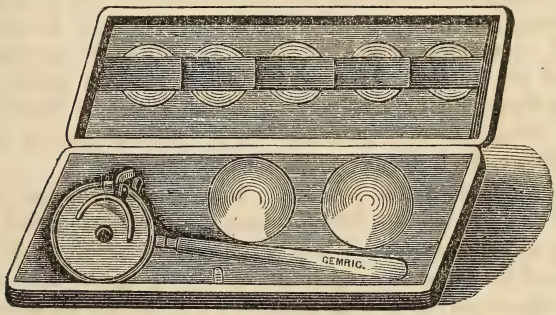
The merit of first adopting the concave mirror, I believe, belongs to M. Ruete, while in connection with the history of its subsequent modifications are connected the

names of many distinguished European ophthalmologists, of whom may be pre-eminently mentioned JAEGER, STELLWAG, ULRICH, ANAGNOSTAKIS, and LIEBREICH.

The insrument of the latter surgeon particularly is deserving of particular attention, as it is the one that is now generally employed, and from its simplicity and efficiency deservedly so.

The instrument, as shown in the annexed cut, is compactly arranged in a neat and portable case containing the necessary lenses required by any abnormal condition of either the eye of the patient or surgeon. The concave mirror, which is of silvered glass, is backed by a blackened metallic disc, and enclosed in a rim of the same material, which holds these two portions in close contact. A spring clip of circular outline is attached to the margin of the mirror, movable in a lateral direction, and

FIG. 2.



intended to support the smaller lens, of which there are five; four of them are double-concave and of the respective focal lengths of 6, 8, 10 and 12 inches; the fifth glass is double convex with 12 inches focus; to the rim of the mirror a short handle is fastened by means of which it can be conveniently held while being used. There are also two large double-convex lenses in the case, of 2 and 3 inches focal lengths, to be interposed between the mirror and the eye under examination, which magnify the retinal image.

Ophthalmoscopes constructed with the concave mirror and central aperture have the advantage over the plain mirror of greater illuminating power, as the light received upon its surface is converged in reflection, and the rays meeting just behind the crystalline lens, over-cross and again diverge before they fall upon the retina, thus forming a large circle of dispersion, which illuminates a more considerable portion of the membrane. The emergent rays passing through the central aperture are convergent, and, as in the instrument of HELMHOLTZ, require the employment of a double-concave lens behind the mirror to render them parallel before being received into the eye of the observer.

In using the concave mirror alone, or what is called the *direct method* of examination, or the method with an erect image, the retina is greatly magnified, and the finest details of retinal change may be detected; at the same time as a compensation for this advantage, the eye of the observer is much more fatigued in the examination, and requires more practice to obtain satisfactory results than the other mode of retinal exploration, or that with the inverted image. Here also all the refractive anomalies, both of the observing and observed eye, must be corrected by the use of appropriate glasses in order to secure a clear and distinct view of the parts within the visual field. This plan is better adapted to the discovering of morbid changes in the anterior portions of the eye, crystalline lens, and vitreous humor, than those in the retina.

To get rid of the disadvantages of limitation of the visual field, feeble illumination, the necessity of changing the glasses for correcting refractive anomalies, and the greater fatigue to the eye of the observer, a double-convex glass may be placed between the mirror and the eye observed. This is called the *indirect* method of examination, or the method with the inverted mage.

The effect of this lens, which for ordinary purposes may possess a focal length of from two to four inches, is to greatly increase the extent and brilliancy of the visual field by increasing the already convergent rays reflected from the mirror so as to focus them anterior to the crystalline lens, so that when they again diverge a very large circle of dispersion will be produced. The emergent rays will undergo a corresponding amount of refraction, and after meeting at the principal focus of the lens between it and the mirror, will form a well defined inverted image of the retina Now to perceive this image it will only be necessary to approach or withdraw the mirror from the face of the patient, according as the observed eye is myopic, or hypermetropic.

The inverted image may be magnified by placing a double-convex lens in the fork of the mirror; Liebreich's instrument is furnished with one of 12 inches focus. Still more magnifying power may be obtained by diminishing the strength of the objective glass, and increasing that of the lens in the rear of the mirror. In those persons who are presbyopic or hypermetropic, in order to bring the rays coming from the retinal image to a focus upon their retina, the little convex glass will be required to be employed behind the mirror.

This method, as already stated, is less fatiguing to the eye of the surgeon, and requires the pupil of the observed eye to be dilated with atropia. A solution of moderate strength, one grain to the fluid ounce of water, will cause the requisite amount of dilatation in a few minutes, without impairing the functions of the eye for several hours afterward, as results from the use of stronger solutions.

All of the ophthalmoscopes that have been mentioned above require the use of one eye only, that is, they are *monocular*. We have now to speak of a beautiful instrument based upon exactly the same principle as the former, but differing from them in being arranged for *binocular* view, so that the parts under observation have all irregularities upon their surface brought out in relief in the same manner as the outlines of a picture are brought out by the stereoscope.

The modifications of the binocular ophthalmoscope consist in placing behind the mirror a metallic box $3\frac{1}{2}$ inches long, $\frac{3}{4}$ inch wide, and $\frac{1}{2}$ inch thick. This box contains two rhomboidal pieces of glass; the right one being in two sections. The distal section is moveable by means of a screw attached to its farthest end, so that the combined lengths of the rhombodic may be increased or diminished half an inch, according to the distance between the observer's eyes. The middle part of the face of the box has an orifice which corresponds exactly in size and position with the aperture in the mirror; the relation of the two apertures is secured by the mirror being attached by the extremities of its axis to two little uprights on the anterior face of the box, in such a manner as to allow it to be adjusted in the proper position for receiving and reflecting the rays coming from the lamp, which with this instrument ought to be placed above the patient's head, into the pupil. The outer extremities of the posterior surface of the box possess two square openings which uncover the distal extremities of the rhomboidei, and are each surrounded by a grooved rim for receiving a little metal frame holding a glass prism with its base looking outward.

The rhomboids are placed in the box with their acute angled extremities lying against each other, with their line of junction exactly in the vertical diameter of the round hole in the anterior wall of the box; the diagonal acute angles will, therefore, necessarily correspond with the openings at either end of the box. Placed in this manner a pencil of rays entering through the aperture in the mirror will pass half of them through one acute angle and half through the opposite one, until they encounter the contiguous oblique faces of the rhomboidei, whence they will undergo reflection horizontal outwards, to be received upon the external oblique faces opposite these, where their direction is again changed, and the rays pass out of the apertures in the ends of the box, the rays on the two sides being parallel. In order that the eye of the observer may now be able to receive them, their direction is again changed outwards by the two little prismatic glasses above spoken of.

This instrument thus arranged is mounted

upon a short handle, and is used exactly as other sorts of ophthalmoscopes. It requires no more skill in its management than the instrument of LIEBREICH, and presents a beautiful appearance of the fundus of the eye. I frequently use it, and now, having had ample experience in its manipulation, prefer it to the ordinary instrument.

Other less available and less useful forms of ophthalmoscopes have been described and recommended by certain observers. They are of two sorts—fixed ophthalmoscopes and auto-ophthalmoscopes.

Fixed ophthalmoscopes are so named because they are attached in some manner to the table upon which they rest, and have certain mechanical arrangements by which the head of the patient is rendered immovable while the examination is being carried on.

There are several forms of this instrument, but those of LIEBREICH and FOLLIN are the best, affording every facility and advantage that can be obtained from any of them. Their utility is apparent in clinical teaching, as any pathological change in the fundus of the eye may be fixed upon and shown to any number of persons; also in accurate investigations into the more minute anatomical alterations in the fundus, involving microscopic and micrometrical manipulations, and in sketching the appearances observed, the fixed instruments are indispensable.

The ophthalmoscope of LIEBREICH consists of two short tubes, ensheathed the one within the other, and moved by a rack and pinion arrangement to focus the instrument. The outer tube bears at its proximal end a perforated concave mirror, which turns freely upon its vertical axis, and has its surfaces entirely exposed by the removal of a portion of the tube upon each side. The inner tube has at its distal end a double-convex lens of $1\frac{3}{4}$ or 2 inches focus, also movable upon its vertical axis.

This tube is encircled near the lens by a metallic band to the lower part of which the stem which supports the instrument is attached. The stem is so arranged as to fasten by a clamp to a table or stand, and has connected with it two arms moving vertically and horizontally upon it. One of the arms is terminated by a metallic arc, and is intended to support the forehead of the patient; the other arm supports a padded cup-shaped receptacle to receive the chin. By this arrangement the head is immovably fixed, and the eye may be brought into any desired relation with the objective lens. To the margin of the tube near the lens a pointed rod bearing a small ball is articulated in such a manner as to enable the ball to be placed in any position, so that the eye of the patient, as he regards the ball, may be also turned in any direction.

The patient's face is shielded from the light by a screen supported upon the brass band, and the observer's eye has a smaller screen interposed between it and the lamp. The inner tube and the rod reaching to the forehead of the patient is graduated in millimetres, so that the distance of the observed eye, and that of the mirror from the lens, can be ascertained at a glance.

From this description the application and adjustment of LIEBREICH'S ophthalmoscope may be readily perceived.

In microscopic examinations LIEBREICH replaces the tubes of his instrument with the body of a SCHRECK'S microscope.

A further improvement consists in adapting to the inner tube of the ophthalmoscope a circular glass plate graduated horizontally and vertically in millimetres. The plate is fastened to a stem in such a manner that it may be moved upon its vertical axis, or near to, or further from the eye.

By attaching a camera lucida to the end of the tube, the image formed within it may be projected upon a sheet of paper placed beneath it.

The fundus of the eye may also be photographed by using a small concave metallic mirror in connection with the camera lucida, and receiving the image upon a plate prepared in the usual manner of photographers.

The ophthalmoscope of FOLLIN does not vary in essential details from the one we have now described, so that besides a little more convenient mechanical arrangement of its parts, the two instruments are identical, and in their working afford about the same practical results.

To COCCIUS is due the merit of having first drawn attention to, and developed the principle of auto-ophthalmoscopy. He em-

ployed a simple plain mirror perforated at its centre; this he held with its reflecting surface opposite the eye to be examined. A lamp was placed behind the mirror, the rays of light passing through the central aperture illuminated the fundus of the eye, and returning met the mirror in front, when being reflected again into the eye, formed an image of the papellæ upon the macula lutea; the instrument really supplying a means of an eye viewing its own interior.

A more efficient and convenient auto-ophthalmoscope is that contrived by Giraud-Teulon. It is an instrument of simple construction, and one with which I have been enabled to work upon my own eyes with very satisfactory results.

It is so arranged that the fundus of one eye can be inspected by the retina of the other. The optical principles are few and simple, and, therefore, they require but a cursory description to enable the reader to readily appreciate the mechanical construction and operation of the instrument. In the first place two plane mirrors are placed before the eyes, one in front of each, inclined at such an angle that the rays of light striking upon one of them shall be reflected upon the other, and from this into the eye. The fundus of either eye can be examined, we shall illustrate by selecting the left as the one under examination; in this case the ordinary concave mirror is to be placed before the right eye, and a bi-convex lens before the left. The rays of light emitted by a lamp, suitably posted, are received upon the concave mirror, and reflected upon the right reflector at such an angle as to undergo another change in their direction upon striking the left reflector, which will bring them in a parallel position with the left ocular axis. As a bi-convex lens is interposed between the mirror and this eye, before the rays can reach the fundus of the latter they are converged so as to overcross somewhere in the anterior portion of the eye, and form dispersion circles upon the retina. After emerging from the eye, in the same course, but contrary direction to their entrance, the rays returning through the bi-convex lens tend to form an actual inverted image of the fundus behind the mirror opposite it, but the latter after receiving the rays, reflects them so that the actual inverted image is formed at the same distance before the mirror as it tended to do behind it. The rays from the image continue in their course to the mirror in front of the right eye, upon which they strike at such an angle that they are reflected in a parallel direction with the right ocular axis into the eye. An inverted image of the fundus of the left eye will now be seen by the right in the mirror before it, as if it were situated in the rear of the mirror.

With this instrument the virtual erect image may also be seen by removing the lens and approaching the eyes nearer the mirrors.

Other forms of the ophthalmoscope are sometimes employed. Among these we may mention the bi-convex and bi-concave lenses silvered upon one of their sides, but the knowledge of the optical effects of these lenses upon light, shows that they act upon the same principle as convex and concave mirrors.

Convex mirrors with the light condensed upon their surface have also had a certain number of admirers, and they certainly do possess some advantages.

The orthoscope is an instrument that enables the retina to be examined under water. It consists of a little cup or basin of glass, which is filled with water and applied to the eye. From the refractive effects of the water upon the light proceeding from the fundus of the eye, the retina is apparently changed in its position, and is seen as if it were in advance of its true position.

[To be continued.]

Our National Cemeteries.

The cities live at the expense of the country. Families are exhausted and die out, and their places are filled by new-comers from the country. This was illustrated by the case of Paris, where it was estimated by a writer in 1842, that among 300,000 people then living it Paris, there were probably not 1,000 who could trace their families in that city back 200 years; or, the 200,000 people living in Paris in the reign of Louis XIII., instead of multiplying to 400,000 in two centuries, had dwindled down to 1,000. According to Price, 10,000, and according to Hume, 5,000 from the country are necessary to keep the London population up to its number.

Medical Societies.

THE AMERICAN MEDICAL ASSOCIATION.

MINUTES OF THE 19TH ANNUAL SESSION.

(Continued from p. 435.)

Washington, D. C., May 8, 1868.

At 12 o'clock, Dr. John L. Atlee, of Pennsylvania, escorted to the platform the newly-elected President, Dr. WILLIAM O. BALDWIN, of Montgomery, Alabama.

The appearance of these gentlemen was the signal for enthusiastic applause, and when silence had been restored, Dr. Atlee introduced Dr. Baldwin to the convention through the retiring President, Dr. Gross, and the manner in which the latter welcomed his successor thrilled the hearts of all present with patriotic joy. Dr. Gross said:

I welcome you as the representative of our long lost brethren. May God bless you; God bless your people; God bless all of us.

Dr. BALDWIN then delivered the following address:

Mr. President and Gentlemen of the American Medical Association: In returning you my sincere thanks for the honor you have conferred upon me in electing me to preside over the deliberations of this body, an Association which embraces in its membership so many names justly distinguished over the civilized world for genius and learning—believe me, gentlemen, it is with feelings of embarrassment equalled only by my profound sense of gratitude and my admiration for the magnanimity which prompted the offering. It is the more grateful to me that it was the free unasked for gift of the Association. I did not seek the position. High as the honor is, I should deem it purchased at too dear a price, if, in order to obtain it, it had been necessary for me to solicit the votes of any men from any section, even those from my own society.

I am painfully conscious, gentlemen, of my own unworthiness of this high distinction, and am not vain enough to appropiate the honor all to myself. I do not accept it as an individual compliment, but rather as the faithful hand of brotherhood stretched out with a generous friendship and true nobility of soul in its desire to heal and obliterate the wounds in its own bosom, for whose creation it was in no way responsible.

Pardon me for taking this opportunity for alluding briefly to a subject which has not, perhaps, heretofore been considered germane to occasions like the present, and which I now approach with pain and hesitation. I am sure that most of you have not failed to observe the very meager representation which this Association has had from the Southern States since the close of the late war. This has probably been due to several causes, to only one of which, however, I desire to allude. I will not disguise the fact that there are many physicicans in the South disposed to hold themselves aloof from your councils.

The resolutions passed at your meetings in 1866, offering again the hand of fellowship for your Southern brethren, owing to the peculiar condition of our country at that time, and the fact that but little of the medical literature and news of the North reached the South, or met the eye of but few, and there are still among us those who feel that your hearts are still stolid against them, and who believe that, notwithstanding some formal declarations to the contrary, most of you, in your private feelings, have not yet been able to rise sufficiently above the prejudices of the past to enable you to receive them in such a manner as to make their presence here either agreeable to them or profitable to the Association.

Looking to this conviction of theirs, strengthened by the fact that they are still under the cloud of the nation's displeasure, and denied the political rights to which they esteem themselves entitled, they have felt that it would be both undignified and unmanly to present themselves at your doors for admittance to your councils, or to offer to affiliate with you until they can come as your peers in all things—in political and social rights, as well as in scientific zeal and devotion.

So far as my observation has extended, I am sorry to know that these sentiments have prevailed with many, and it is but frankness in me to say so. I am free to confess that I, with many others, have not sympathized altogether with these feelings. I saw the resolution adopted in 1866, and before referred to, inviting us, in most respectful and conciliatory language, to resume our places in this Association. I felt this was all you could do, all we could ask, and was satisfied with it, and only regret it did not obtain a more general circulation. The society to which I belong, with entire unanimity, appointed its full quota of delegates to this meeting. I came here to lend my humble example to the work of re-establishing our former relations. I never doubted I would be received with courtesy, and even with kindness.

The broad, liberal, and catholic sentiments proclaimed from this stand in the annual address

of that noble old Roman, our distinguished president, Dr. Gross, knowing in these halls "no North, no South, no East, no West"—he whose clustering honors, though won in your midst, yet gather a beauty and brilliancy from the love and veneration in which he is held in the South—must be received as a declaration of sentiments and principles by this Association, and cannot fail to correct the errors and misrepresentations which have prevailed in our section. This action of yours to-day, in awarding through me as one of her humble representatives, the honorable and distinguished office of president of this Association, a position which might well be claimed for one of the many of your own renowned and gifted sons, will, I am sure, testify to our brethren of the South, in silent but forcible language, the injustice which has been done you by those who have taken a different view of your real sentiments and feelings toward us.

In saying this much I do not intend it as a reproach to those of my section who have hitherto so misunderstood you, and you, in your generosity, I am sure, are prepared to concede much to the pride of a noble manhood, who, standing amidst the memories of blasted hopes and ruined fortunes, have, perhaps, been disposed to guard with too jealous and sensitive an eye that which is dearer to them than fortune or life itself, and which I am sure you would be the last to willingly see compromised—their personal and professional dignity and honor.

For myself, and for those whom I represent, I grasp with uaffected pleasure the hand which you have so gracefully and magnanimously offered, and I hope and believe this sentiment will meet a ready response from all our brethren of the South. *Let us again be united as friends and brothers.* Ignoring past and present political differences, let us exhibit to this distracted country, an example of forgiveness and toleration worthy the emulation of a great and noble people. Let the bonds which we acknowledge here, bind us in all portions of this broad land as a sacred brotherhood, engaged in a common toil, with one mind, one heart, and one purpose. Let the place annually selected for our meetings be our Mecca. There let us meet with harmony of sentiment for thorough organization, for connected and concerted action, without which no great science or art can ever attain its highest perfection. Exacting from each other only the qualifications necessary for honorable membership, let us there mingle in the sacred precincts of our humane profession, and join hands and sympathies in the strengthening influence of association and fellowship; and as we lay fresh offerings in the temple of a noble science, and build new fires on her altars, let us cherish in our hearts the ennobling sentiment of brotherly love.

In conclusion, I would say we have doubtless most of us, aye, certainly most of us, in that land of many sorrows from whence I came, tasted the bitter fruits of the bloody and unholy war through which we have passed, and wept over its dire calamities. *We*, as an Association, had no agency in its creation. It belongs now, with all its disasters and miseries, to the dead past, and as *we* had no cause for quarrel then, we have none now for separation or estrangement. We may not forget our sorrows for the past, and we will still water with our most sacred tears the graves of our noble sons who fell victims to the strife. But whenever there is a grief at the heart, a tear for the ashes of the past, let us wipe from it all traces of bitterness, and drape its memories and sanctify its sadness with the Christian virtues of CHARITY, FORGIVENESS, and FRATERNAL LOVE.

During the delivery of the address the speaker was frequently interrupted with applause, and on concluding was the recipient of the hearty congratulations of those on the platform.

The President, Dr. Gross, said he desired to avail himself of this opportunity to correct an erroneous statement which had gained publicity throughout the Southern States, in regard to a resolution alleged to have been passed by this Association, recommending that the Government should make surgical instruments and medicines contraband of war. He said, I take this occasion to deny that the American Medical Association ever passed any such resolution, and hope our President elect will do everything in his power to promulgate this fact among our Southern brethren.

Dr. Davis desired to say, in addition, that not only had no such resolution ever been adopted, but that it had never been introduced.

This statement was, on motion, ordered to be recorded in the transactions of the Association.

An invitation was read from the Young Men's Christian Association, for the Medical Association to visit their Library and Reading-room.

On motion, the Committee on Archives was continued.

On motion, the Secretary was instructed to appoint a sub-Committee of Arrangements of three from each State.

Dr. N. S. Davis, of Illinois, offered a resolution instructing the Chair to appoint a Committee

of three to report at the next session, on the practicability of establishing a Library of American Medical works, including books, monograms, and periodicals. Adopted.

The Association then adjourned till nine o'clock to-morrow.

In the evening the members visited the Capitol to witness the illumination of the dome, the 1300 burners therein being lighted by electricity. The Rotunda was densely crowded before eight o'clock, the tholus and lights above the pictures having been lighted shortly after seven o'clock. At eight the gas was turned off, leaving the Rotunda in total darkness, and a few minutes thereafter the illumination of the dome took place. First the jets in the eye of the dome, immediately under Brumidi's picture, were lighted, showing the picture in brilliant light, and time was given to examine the same before the remaining burners were lighted by sections, and soon the entire dome was illuminated, presenting a magnificent scene, which drew warm applause from the large assemblage. Prof. Sam'l Gardner, the Electrician, and his Assistant, Mr. D. Small, then escorted the visitors to the battery and electrical engine rooms, where they explained the workings of the machinery, showing the manner of lighting parlor chandeliers, street lamps, etc. All were much pleased with the exhibition, and retired about nine o'clock.

The members then proceeded to the residence of Chief Justice CHASE, where they were cordially received, and partook of a bountiful collation, after which they proceeded to the residence of Mayor WALLACH, where the same hospitalities that have been extended to them during their stay in the city were given them.

FOURTH DAY—*Friday, May 8th.*

The convention resumed its session this morning at 9, A.M., Dr. GROSS in the chair. An invitation to visit Mount Vernon was read and accepted; also, an invitation from Mr. KING that he be allowed to take a photograph of the Association, which was accepted, and at 10 o'clock the picture was taken in front of the hall. The following, offered by Dr. Martin, of Massachusetts, was adopted:

It seems proper that this Association should not be without a Committee on a subject so transcendently important as that of Vaccination; therefore,

"*Resolved*, That a standing Committee of one be appointed upon the whole subject, to report from time to time on such topics connected with Vaccination as shall, in the estimation of such committee, appear of chief practical interest and importance to the profession."

Dr. Antisell, of Washington, was appointed as the Committee.

The Committee on Nominations made the following supplemental report, which was adopted:

Assistant Secretary—Dr. A. J. Semmes.

Committee of Arrangements—Drs. J. G. Richardson, S. M. Bemis, C. Beard, L. T. Pimm, D. Warren Brickell, S. Chopin, and W. S. Mitchell.

On Medical Education—Drs. J. C. Reeve, Dayton, Ohio; J. S. Hildreth, Chicago; W. C. McCook, Pittsburgh, Pa.; Frank Rice, Memphis, Tenn., and S. H. Pennington, Newark, New Jersey.

Committee on Necrology—Drs. C. C. Cox, Maryland; E. B. Stevens, Ohio; W. F. Peck, Iowa; H. Van Dusen, Wisconsin; J. M. Toner, District of Columbia; Joseph Simpson, U. S. Army; J. C. Weston, Maine; Henry Bronson, Connecticut; Henry Noble, Illinois; Charles Eversfield, U. S. Navy; T. Parvin, Indiana; J. C. Hupp, West Virginia; Joseph Mauran, Rhode Island; J. M. Keller, Tennessee; H. F. Askew, Delaware; H. J. Clark, Massachusetts; E. M. Moore, John Shrady, New York; Charles A. Logan, Kansas; —— Stewart, Minnesota; Henry Miller, Kentucky; S. G. Armor, Michigan; John Blane, New Jersey; A. Fleming, Edward Wallace, Pennsylvania; D. Arnold, Georgia; J. S. Wetherly, Alabama; S. L. Welch, Texas; T. M. Logan, California; John W. H. Baker, Iowa; P. A. Stackpole, New Hampshire; L. S. Joynes, Virginia; D. W. Brickell, Louisiana; David Booth, Mississippi.

Committee on Literature—Drs. Ed. Warren, Baltimore; Joseph Jones, Nashville; Ed. Andrews, Chicago; J. J. Woodward, U. S. Army; P. S. Wales, U. S. Navy.

Committee on Climatology—Drs. J. C. Weston, Maine; P. A. Stackpole, New Hampshire; Hy. James, Vermont; Alfred C. Garrett, Massachusetts; C. W. Parsons, Rhode Island; E. K. Hunt, Connecticut; W. F. Thomas, New York; E. M. Hunt, New Jersey; D. F. Condie, Pennsylvania; O. S. Mahon, Maryland; J. Harris, Georgia; George Engleman, Missouri; R. F. Michael, Alabama; T. J. Heard, Texas; R. C. Hammell, Illinois; J. F. Hibberd, Indiana; T. Antisell, District of Columbia; J. O. Hughes, Iowa; Abraham Sager, Michigan; T. L. Neal, Ohio; F. W. Hatch, California; B. W. Avent, Tennessee; E. A. Hildreth, West Virginia; —— Owen, Virginia; Samuel Willey, Minnesota; L. B. Bush, Delaware; G. W. Lawrence, Arkansas; ——

Compton, Mississippi; Louis T. Pimm, Louisiana.

Committee on Prize Essays—Drs. S. M. Bemis, J. Scott, D. W. Brickell, S. A. Smith, C. Beard, all of New Orleans.

Special Committee on Alcohol and its relations to Medicine—Drs. John Bell, J. R. W. Dunbar, and Richard S. McSherry.

On Cryptomatic Origin of Disease, with special reference to recent Microscopic Investigations on that Subject—Dr. Curtis, U. S. Army.

On Diseases of the Cornea—Dr. J. L. Hildreth, of Chicago.

On Excision of Joints for Injuries—Dr. J. B. Read, of Savannah.

They also reported the following resolution, which was adopted:

Resolved, That those gentlemen who desire to report on special subjects, and will pledge themselves to report at the next meeting, be requested to send their names and the subjects they desire to report upon to the Secretary of the Association.

Dr. C. A. Lee, of New York, was appointed a delegate from the Association to the meeting of Superintendents of Hospitals for the Insane.

Professor Henry, of the Smithsonian Institute, was invited to a seat on the platform.

Reports were made from the different sections, which were adopted.

A paper submitted by Dr. Joseph Jones on Albinism in the negro race, was recommended to the Smithsonian Institute for publication.

The thanks of the Association were returned to the Baltimore and Ohio railroad; Philadelphia, Wilmington and Baltimore road; Orange and Alexandria, and other railroads, for facilities shown to the members of the Association.

The thanks of the Association were also tendered to the President of the United States, Speaker Colfax, Chief Justice Chase, Hon. Richard Wallach, Professor Samuel Gardner, electrician United States Capitol; Dr. Woodward, of the Army Medical Museum; the Committee of Arrangements, of which Dr. Tyler is chairman; and Hon. Edwin D. Morgan, for their politeness and courtesies to the Association. Also to the press of the city for the correct reports of the proceedings.

The President appointed the following gentlemen as delegates to foreign medical societies: Samuel J. Jones, of Chicago; G. C. Blackman, of Cincinnati; Fordyce Barker, of New York; to which committee Dr. Gross, President of the Association, was added.

The President read a letter from Hon. George Bancroft, our Minister at Berlin, relative to Professor Aaron Brüke, the great microscopist, who is now blind.

On motion, Dr. Gross, the President, was authorized to send a letter on behalf of the American Medical Association, complimentary of Professor Brüke.

Drs. Howard and Dunbar, of Baltimore, and Dr. C. H. Nichols, of District of Columbia, were appointed a committee on the subject of Marine Hospitals.

Dr. Wetherly, of Alabama, spoke of the next meeting of the Association, and declared that he had no doubt the members would be gladly welcomed and as hospitably entertained in New Orleans as at any place where they had ever met. [Applause.]

Dr. Gross then arose and spoke as follows: Before the question of final adjournment is put, allow me to tender you my cordial acknowledgments for the kindness and courtesy which you have extended to me as your presiding officer. Gratitude and good taste alike prompt the expression of my feelings. In everything I did I felt that I had your generous support and sympathy; whatever errors may have been committed were errors of the head and not of the heart, and are, I am sure already forgotten by you. I congratulate you upon the manner in which you have conducted your proceedings. It is questionable whether there ever was a deliberative body of such magnitude in which there was so little discord, or so little said and done of an objectionable character. Harmony, cordial and complete, prevailed from the beginning to the end. There was, indeed, not one word uttered that any one, even the most fastidious, might wish to recall; a circumstance the more surprising when it is recollected that men in the heat of debate often give way to heedless and unguarded expressions calculated to ruffle the feelings, and to engender unpleasant reminiscences. We have accomplished not a little work, and, above all, we have had an opportunity of reviving friendly feeling, of extending our acquaintance with each other, and of interchanging sentiments in regard to matters of vital importance to our beloved profession. I am sure that every one will say, as he leaves this hall, that it was good for him to have been here, and that he will return to his home with new resolves, and determined to devote himself more earnestly than ever to the advancement of the glory of his noble calling; that he will strive more than ever to elucidate its great principles, and that, abandoning all other pursuits, he will worship medicine as the only goddess of his idolatry. Hoping that no evil may befall you on

your homeward journey, and that your families may greet you with messages of peace and glad tidings, I bid you a cordial and affectionate farewell.

The Association then adjourned *sine die.*

About noon the delegates embarked on board the steamer Arrow, and proceeded on an excursion to Mount Vernon. The day was fine, and the arrangements for music, entertainment, etc., perfect.

Appropriate addresses were made by Drs. Sayre and Harris, of New York, Davis. of Illinois, Baldwin, of Alabama, Hooper, of Mass., and Condie, of Philadelphia.

A card of thanks, signed by the delegates, was presented to Mr. Sykes the proprietor of the steamer, and Captain Stackpole.

The excursion returned to Washington about 5 o'clock.

[On account of the fullness of our Report we are compelled to postpone the Reports of the Sections to our next number.—Eds.]

Editorial Department.

Periscope.

Syphilis Communicated by a Kiss.

Dr. A. M. Sigmund, of Shimersville, Pa., reports the following cases in the *Humboldt Medical Archives*, of syphilis communicated by a kiss. Such instances are by no means unparalleled, but they are not, as he imagines, cases of communication of tertiary syphilis, properly so called. It should rather read *constitutional* syphilis. No doubt ought now to exist as to the communicability of syphilis from its later lesions.

On August 24th, 1867, I was called to see Miss M. H., aged 17 years, well developed, and to all appearance in good health, with the exception of a large and painful ulcer on her upper lip. Upon examination I found the ulcer to present the following characters: It was situated on the centre of the lip, extending from its anterior margin to near the frænum, oval in form, and, the lip being much swollen, about five-eighths of an inch in its longest diameter. Its surface was hollow, as if scooped out, and covered with a layer of dirty greyish lymph; the edges were hard, slightly elevated, and sloping a little from within outward; the base well defined, and very hard, feeling, when pressed between the thumb and finger, like a button or ring of fibro-cartilage.

On inquiry, I learned that about two weeks previous the lip had become indurated at the centre, where she had had a slight chap, after which the induration increased until it had involved the whole thickness of the lip, and then—about a week after—it commenced to ulcerate. On my informing her that the ulcer was undoubtedly of a syphilitic character, and asking her as to how and when she became infected, I received the following statement, which, from what I since have learned, I believe to be true. About three weeks before, she had been at a picnic, and was there in company with a young man, (whom *I knew* to have been laboring under *tertiary syphilis*, and had also at that time some indolent sores on the inside of his lips,) and that, at one time during the day, when he had been smoking a segar through a very beautiful amber mouth-piece, she playfully took it from him and placed it in her mouth. In the evening he accompanied her home, and in parting, impressed several kisses upon her lips, one of which was rather prolonged, in order, as he said, to take a good parting kiss, as he would leave the neighborhood in a few days. She felt nothing unusual about the lip until about a week afterward, when the induration commenced; but thinks she had a slight chap or abrasion on it at that time, where the induration afterward occurred.

On further examination I found that no visible secondary or constitutional symptoms had as yet been developed, *and also, that there was no local disease, or evidence that there had been any, on any other part of her body.* To all appearances, the disorder was as yet only local.

I applied solid nitrate of silver—the stick being brought to a fine point—thoroughly to every part of the ulcer, and the slough came away in a few days, the ulcer presenting rather an aggravated condition, when I re-applied the nitrate. From this time it commenced to heal—the nitrate being applied as often as was deemed necessary—and in about three weeks the sore was entirely healed, but considerable hardness remained for some time after, which, however, disappeared entirely under the subsequent constitutional treatment.

I remarked that when I first saw the patient, there was only the primary sore on the lips. In the course, however, of a few weeks—about five weeks from the appearance of the local lesion—secondary symptoms manifested themselves; such as the characteristic eruption, sore throat, pain in the ears, joints, etc., and enlargements of the cervical glands, with pain extending to the mastoid processes on both sides. She suffered also

for some time from rheumatism (syphilitic) of the left arm, preventing its use; she also had some non-suppurating buboes, but only on the left side. The eruption, as I have said, was markedly characteristic, and was most numerous on the forehead, scalp, face, neck, breast, and arms; there was some also on the body and lower extremities, but not so numerous. It was at its height about ten days from its appearance, remained stationary about a week, and had disappeared again in three weeks more. The sore throat—not ulcerated, but only a little inflamed—enlargement of the glands, pain in the ears, and some soreness of the joints remained some weeks, longer. The whole course of treatment lasted between three and four months, when I discharged her seemingly cured. I have seen her but a few days since, and she tells me that she continues in perfect health.

The treatment, constitutionally, consisted of iodide of potassium, in doses ranging from five to fifteen grains, three times a day, given in compound syrup of sarsaparilla, with the bi-chloride of mercury in half-grain doses until the gums were slightly touched, when it was omitted; morphine was given to relieve the pain.

A few days after I was called to see this case, a young man came to my office, stating that he had a sore lip, which pained him considerably, and that he felt very uneasy about it, "especially as he had seen a lady having a very sore lip." On asking him more particularly, I learned that he had been in company with this same Miss M. H. a few days after the sore on her lip commenced, and not thinking of any danger, had kissed her. The sore was not as yet large, but had the characteristic appearance of an indurated chancre. I applied nitrate of silver thoroughly then, and again in a few days after, after which it healed nicely, and then gave the usual constitutional treatment, and up to this time no constitutional symptoms have appeared.

These cases are interesting as instances of the disease being communicated in rather an unusual channel.

The first case is also particularly interesting, as tending to determine the mooted point as to the communicability of tertiary syphilis. There can be no question that the young man had at the time well defined tertiary syphilis; the sore on the young lady's lip was a "well-marked initial lesion," and followed by "characteristic constitutional syphilis."

—— To prevent metals from rusting, dip the article into very dilute nitric acid, and afterward immerse it in linseed oil.

Impure Glycerine.

Mr. Henry Bower, of Philadelphia, writes to the *Chem. News* on this topic as follows:

"The writer of the article on Glycerine in *Kunst und Gewerbeblatt* is correct in attributing the acrid, irritating properties of some glycerine to the mode of preparation; but I have seen distilled glycerine which was quite as unsuitable for medicinal or surgical purposes as any spoken of. The volatile fatty acids, and ethers, which exist in crude glycerine, are sometimes condensed with the glycerine, and these have very irritating properties.

In the glycerine which is made without distillation, the volatile acids and ethers exist, but not in the same state as after distillation, the heat required for this process decomposing them into some modification of their original state.

The great cause of irritation in glycerine which has not been properly prepared, is the presence of oxalic acid and of formic acid; these are produced by the action of sulphuric acid upon the glycerine, forming the first-mentioned acid, and this in its turn acts upon the glycerine, giving rise to formic acid, the irritating properties of which are well known.

The nitrate of silver test I have always considered most reliable. Glycerine which shows no reaction with this salt may be considered suitable for all uses, as it indicates not only the presence of chlorine or chlorides, but is, as well, reduced by acids, which may exist in the glycerine."

Syrup Ferri Iodidi.

Dr. Attfield read a paper in the Pharmaceutical Society on the "*Preservation of Syrup of Iodide of Iron*," by Mr. T. B. Groves, F. C. S., who has for some time been engaged in devising means for preserving the syrup. He had found that it kept better when made with iron filings instead of pure iron in the form of wire, which he attributed to the presence of impurities in the filings. He had added dilute sulphuric and phosphoric acids as preservative agents, and had obtained successful results with them. Mr. Groves prepared a number of specimens of the syrup, and to one he added 1 minim of dilute phosphoric acid to the oz.; to another, 2 minims of dilute phosphoric to the oz.; to a third, 2 minims of dilute phosphoric and 1 minim of dilute sulphuric acid to the oz.; and to another specimen 8 drops of phosphoric acid. He had found that phosphoric acid was the only acid to be relied on, and it was very necessary not to add the acid before the syrup had cooled.

The President said that as Dr. REDWOOD had assisted in compiling the present Pharmacopœia, he would, perhaps, give them his opinion respecting the method proposed by Mr. Groves.

Dr. REDWOOD said that he was not at all prepared to admit that there was any occasion to make the alteration; the syrup of the British Pharmacopœia would keep for any reasonable time if properly prepared.

Mr. INCE greatly disapproved of such an addition, and thought it quite unnecessary. He had for a long time, before the Pharmacopœia was issued, made it according to that form with the most satisfactory results. The Pharmacopœia form was the same as that of the French Codex, which had always given good results.

Mr. GALE had adopted the form given in the present Pharmacopœia for ten years, and he had always found it successful; the syrup would keep well for six months.

Mr. WOOD, of New York, could not agree with all the remarks he had heard from Mr. Ince and Mr. Gale; he had found that if the syrup of iodide of iron was kept longer than three months, a layer was formed on the surface.

Mr. UMNEY had also found a layer on the surface after three months; the syrup would keep very well for that time by putting it into bottles while hot.—*Chem. News.*

French Fossil Remains.

In the commune of Tayac, in the department of La Dordogne, France, seven fossil skeletons have been discovered, the utensils and arms surrounding which indicate the remote period of the age of stone, before the use of metals was discovered.

Reviews and Book Notices.

NOTES ON BOOKS.

Among American physicians who have achieved a literally world-wide reputation by their studies in some branch of medical science, one of the most prominent is Dr. J. AITKEN MEIGS, of Philadelphia, formerly Professor of the Institutes of Medicine in the Medical Department of Pennsylvania College, Lecturer on Physiology in the Franklin Institute, and member, active or honorary, of numerous learned societies, here and in Europe. Unfortunately for his fame, his labors are nearly all buried in those cemeteries of information, the transactions of learned societies, and scientific periodicals, but they are of such deep significance and wide interest that we wish to direct to them more general attention.

His studies have largely been directed to physiology and ethnology, and in this latter science especially to craniology. In this he has no superior, and indeed, it may be said, that as a science it did not exist before he brought to bear upon it his severe and rigid methods of analysis. The magnificent collection of Dr. S. G. MORTON gave him the material to work upon, and while on that material Dr. MORTON erected a beautiful but baseless hypothesis, Dr. MEIGS drew from it those laws of cranial form which are now acknowledged to be universally valid.

The earliest of his works on this topic was the "Catalogue of Human Crania in the Collection of the Academy of Natural Sciences of Philadelphia," 1857, pp. 112. Portions of this also appeared in NOTT & GLIDDON'S "Types of Mankind." Two years afterward, he illustrated the true principles of craniology in an admirable essay before the Academy of Natural Sciences of Philadelphia, entitled, "Description of a Deformed Fragmentary Human Skull, found in an Ancient Quarry-Cave at Jerusalem; with an Attempt to Determine, by its Configuration alone, the Ethnical Type to which it belongs." This is a model of acute scientific reasoning. The rules which he here foreshadowed, he in part expressed more fully the next year, in an essay before the same body, on "The Form of the Occiput in the Various Races of Men." The method employed in arriving at these results he subsequently stated in an article on "The Mensuration of the Human Skull," in the *North American Medico-Chirurgical Review* for September, 1861. But the most interesting and most complete of his labors is a treatise of 39 pages, published in 1866, "Observations upon the Cranial Forms of the American Aborigines." This sums up the conscientious study of years, and places the whole subject of American craniology in a new light.

Had we the space, we would be glad to give a summary of these instructive osteological investigations, but at present we can only refer to them, and call attention to their purity of method and valuable results.

We recommend as of great practical value, and rich in thoughtful suggestions, an essay prepared at the request of the Prison Association of New York, for insertion in their twenty-third annual report, and reprinted by their order, entitled "Prison Hygiene." The author is Dr. JNO. H. GRISCOM, one of the Vice-Presidents of the Association, and widely known, as well for

his professional writings as his sympathy and thorough acquaintance with the unfortunate class of beings whose welfare he has discussed.

On Diseases of the Skin. A System of Cutaneous Medicine. By Erasmus Wilson, F. R. S. Seventh American, from the Sixth and Revised English Edition. With Twenty Plates and Illustrations on Wood. Philadelphia: Henry C. Lea. 1868. One vol., 8vo., cloth, pp. 808. *Price* $9.50

The simple fact that Dr. Wilson's work, first published in 1842, has gone through six editions in England and seven in our own country, is sufficient evidence, if evidence were wanted, that it stands in the very foremost rank among authorities on cutaneous diseases. We doubt if any other work on this branch of medicine can compare with it in popularity.

The present edition has been thoroughly revised, and in many parts re-written, and especial attention has been given to improvements in treatment. Besides the plates previously furnished, others have been added, prepared originally by the author to illustrate his work on "Constitutional Syphilis and Syphilitic Eruptions." This is the more appropriate, as in the recent editions the affections arising from syphilis have been more prominently treated. They add materially to the value of the work.

The Neuroses of the Skin; Their Pathology and Treatment. By Howard F. Damon, A. M., M. D. Philadelphia: J. B. Lippincott & Co. 1868. One vol., 8vo., cloth, pp. 113.

Dr. Wilson, who adopts what he calls "the clinical classification" of skin diseases, divides them into twenty-two groups, and so far from expressing any hope that this rather startling number will be decreased, rather inclines to believe that careful diagnosis will augment it.

Dr. Damon, on the other hand, in the monograph before us, proposes to reduce all cutaneous affections (excluding the syphilodermata) into four classes, as follows: 1. Neuroses of the Skin. 2. Functional Diseases of the Cutaneous Glands. 3. Inflammations of the Skin. 4. Structural Lesions of the Skin. The present monograph, he informs us, "is intended to supply all that is now positively known of the first of these classes."

He divides neuroses into two kinds, according as sensibility is increased or diminished—hyperæsthesia and anæsthesia. Under the former are included dermalgia, prurigo, urticaria, and zoster; under the latter, loss of feeling and touch.

The diseases are carefully described, both from the best authorities and original observation, and rules for treatment, with numerous formulæ laid down, which will be found of great practical use. Without discussing the new classification proposed, which certainly lays itself open to criticism as founded on an *a priori* hypothesis, instead of actual clinical appearances, we can conscientiously recommend the book as carefully written and embodying much really valuable information.

Electro-Physiology and Therapeutics: Being a Study of the Electrical and other Physical Phenomena of the Muscular and other Systems during Health and Disease, including the Phenomena of the Electrical Fishes. By Charles E. Morgan, A. B., M. D. New York: W. Wood & Co., 61 Walker Street. 1868. One vol., 8vo.. cloth, pp. 714.

Unfortunately for science, the talented young author of this admirable treatise was carried off by death ere he had given it the final touches which his work demanded. Nevertheless, it is complete as it stands, and we shall with difficulty find, in any language, a more exhaustive, clear, and correct account of all the laws and phenomena of electro-physiology. The whole range of European scientific literature is laid under contribution, the most recent discoveries are detailed, the numerous and complicated apparatus devised to experiment with this mysterious force are described, the mathematical formulæ which express its actions are analyzed, and its applications to the cure of disease are rehearsed and judged with keen medical insight.

It is entirely out of the question for us to give a synopsis of the contents in detail. We can safely say, that whatever any one wants to know about electro-physiology, he can here find, stated with great precision, and from the latest standpoint of science. It is true that some of the therapeutic applications which have attracted attention within the last year or two, and notably in our own country, are not to be found. But this is probably as much owing to the doubt which still hangs over them, as to any other reason.

The book is illustrated with one hundred and seventy-one wood-cuts, generally well cut and printed. The absence of the author's eye is visible in an occasional obscurity of expression, and also in a good many typographical errors, especially in the German references, most of which might easily have been avoided. On the whole, the work is highly creditable to the medical profession of our country, and must long remain *the* authority on the subject of which it treats.

Medical and Surgical Reporter.

PHILADELPHIA, MAY 23, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require as little revision as possible.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

PANGENESIS.

Most mysterious of all functions is reproduction. The creation of this complex body, these infinite emotions and thoughts, this immortal soul from the action of the spermatozoids on the ovum—what is there more marvellous in the whole of nature? Well might the ancient religions of the Orient discern in the generative act the symbol of all that is god-like, and make it the central object of their worship.

The whole process is environed by marvels. Not only does the male element affect the ovum;—it leaves its impress on the whole nature of the female. Cross a mare with a quagga or zebra, and all her subsequent foals by stallions may be striped; fertilize an orange flower with pollen from a lemon, and the fruit will bear stripes of perfectly characterised lemon peel. Again, how singular are the laws of inheritance! A horse is trained to certain paces, and its colt adopts them without instruction; teach a dog to fetch and carry, and its pups will be born retrievers; literally the father's eat grapes, and the children's teeth are set on edge. Capacities for infinite variations in form lie dormant in the living creature inherited from its progenitors.

There is an ephemous insect which in the course of its brief life assumes in turn not less than a score of changes in structure; in other of the lower animals eyes suddenly appear where were previously no trace of such organs; wings and legs burst forth from the sluggish grub, and he is metamorphosed into a gaudy butterfly. These are regular variations, phases in the normal history of the individual.

But there are others operating under the law of Reversion or Atavism even more extraordinary. Long lost characteristics, physical or mental, of remote progenitors, suddenly recur under favoring conditions. Traits which have disappeared during hundreds of generations will suddenly reappear in all their original force when circumstances favor them. Occasionally a domestic animal will display all the feral ferosity and physical marks of its wild ancestor; diseases and monstrosities will lie in abeyance in families for centuries, and then all at once develope in all their traditional violence. We talk of sex, and think it a primal difference. All a mistake. Secondary characters of the opposite sex lie latent in every organic being, ready to be evolved when the reproductive organs are injured. The castrato acquires the voice, the form, the manner, and the mind of a woman; excise the ovaries, and the woman grows a beard, her breasts disappear, her voice roughens, and she is called masculine; splay the bitch, and all trace of femininity disappears; cases are recorded of hens suffering from diseased ovaries, who assumed the voice, spurs, plumage and warlike disposition of the cock; and of ducks who when they ceased laying put on the gayer colors, and adopted the habits of drakes.

Hundreds of such narratives, stranger than any tale of oriental magic are contained in a work now lying before us—Mr. CHARLES DARWIN'S "Variations of Animals and Plants under Domestication." It has recently been published in this country with a preface by Professor ASA GRAY, by ORANGE JUDD & Co., 245 Broadway, New York. It is an immense repertory of information on the subject of reproduction and variation. It is hard to say whether it has more interest to the physician, the physiologist, or the agriculturist. We select from it but one point to bring before our readers. It is the explanation offered of those strange facts we have just been mentioning.

To meet them, Mr. DARWIN offers what he

calls the provisional hypothesis of pangenesis. It is simple and clear. Each organic structure is made up of cells peculiar to itself. This is universally conceded. Now for the hypothesis. Imagine that each cell throws off innumerable minute atoms capable of propagation by self division, and under favorable circumstances of development, into cells like those from which they were derived, and you have the whole theory.

These atoms are transmitted from parent to offspring through all generations, from the male to the female and *vice versa*, ready at any suitable time to manufacture the organ from which they proceded, and to call forth their corresponding mental manifestation.

Think this over, and it explains very satisfactorily all the marvels we have adduced. In reflecting on it but one difficulty occurs to us. If the male element derives its potency from these atoms, which are everywhere dispersed in countless numbers throughout the body, why is the spermatic secretion the only fluid capable of thus impressing the female? But we do not venture to enter on these abstruse discussions. Our less ambitious purpose is merely to bring to our reader's notice this work of the profoundest living thinker in the domain of natural history, and to recommend it to their careful study.

Notes and Comments.

The Cost of an Epidemic.

The following curious estimates show the cost of an epidemic to a community, and the importance and value of efficient sanitary regulations that will prevent avoidable sickness and death. Our communities do not appreciate the value of sanitary laws, and it is one of the most difficult tasks undertaken by our profession—that of enlightening them on the subject.

"Dr. Beveridge, in an excellent paper on the Statistics of the Recent Epidemic of Typhus in Aberdeen, which has lasted nearly three years, and which he traces to overcrowding, makes the following calculation of its cost. Treatment of 4631 cases for 25½ days, at 5s. per week, £4217 : 10½; loss of labor for 25½ days of 3804 individuals (excluding children) at 10s. per week, £5928 : 14; loss by adult deaths—value of labor of 184 males, at £13 per annum, for 10 years, £23,920; value of labor of 255 females at £6 : 10s. per annum, for 10 years, £15,175; loss by deaths of 51 children and young persons, allowing one-half to die before attaining adult life, viz.—value of labor of 12 males, for 20 years, at £13 per annum, £3120; value of labor of 12 females, for 20 years, at £6 : 10 per annum, £1560; probable cost of the epidemic, £55,021 : 4. This estimate is, at the best, but a very rough approximation; but the whole has been kept down to the lowest figure, so that the result is in all probability understated, and yet the amount is a high one—equal, in fact, to a tax on the inhabitants of something over fifteen shillings per head. If, then, such has been the cost in a small and comparatively healthy town like Aberdeen, what must it have been in the larger towns where this epidemic has been raging, and in many of which the rate of mortality has been higher, and, if the conclusions come to as to the probable cause are correct, it follows that the whole of this waste of human life might have been prevented."

Status of Educated Women Obstetricians in Paris.

Here is something to arouse the indignation of the handful of fossils who seem to have the management of the affairs of the Philadelphia County and the State medical societies. The question is, what will they do with the Academy of Medicine of Paris, with the College of Physicians of this city, and with the medical profession of New York, all of whom recognize women as practitioners of medicine?

The *London Lancet* says that the question of choosing a woman to fill a chair in the Obstetric Section of the Academy of Medicine at Paris, is being considered, and that the chief midwife of the Maternité Hospital will probably be so elected. Madame Alliot, the present incumbent of this office, is a woman of profound knowledge and vast experience, a worthy successor of Mesdames Boivin and La Chapelle, and an honored co-worker with the most enlightened obstetricians.

Accidents.

A somewhat startling statement is made in the report of the Accident Assurance Company, that 2,000,000 of persons, or one in every ten of of the population, receive injury every year from accidents of a more or less serious character. Of these, 10.000 are killed, or die from the direct effects of the accident. The total amount paid in claims by this company is £250,000 since 1849. This is a striking evidence of the advantage reaped by the public in making provision

against those casualties to which all are more or less liable.

Cholera and the Atmosphere.

During the autumn of last year, when the cholera was felt severely in Turin, Father DENZA studied the meteorological condition of the atmosphere; he studied especially the connection between the prevalence of the disease and the absence of ozone. His observations were made at Moncalieri, rather more than half a mile from the town: the electricity was measured as well as the ozone. During the days in August and September, when the cholera was at about its height, the amount of ozone present was variable, but considerable—perhaps about the average. The electricity, however, during these days almost entirely disappeared; it is an interesting observation.

Who was Responsible?

On Monday, the 11th inst., Dr. OSCAR HERMANN DORING, one of the Resident Physicians on Ward's Island, New York city, was found in the upper part of the city in a state—as was supposed—of intoxication. He was committed to a cell until next morning, when it was discovered that he was dying from the effects of a narcotic poison. Through the criminal carelessness of some one, however, the golden opportunity to save life was lost. The unfortunate man's will was found in his pocket, dated May 11th.

Correspondence.

DOMESTIC.

Surgeons on Railways.

EDITORS OF THE MEDICAL AND SURG. REPORTER:

In your issue of April 4th, I find a letter by an "OUT" on the subject of Surgeons on Railways. There is one point in it I find peculiarly gratifying. It is this, that he can readily comprehend why railway corporations should hasten a fortune on the Doctor (ARNOLD), etc., etc. May the happy time soon arrive. I am afraid, however, said corporations take an entirely different view of my claims upon them, as I certainly do myself, and I think perhaps you too. I feel perfectly certain that your correspondent knows nothing whatever of my *plans*.

Let me tell him that I consider the appointment of Surgeons on Railways as but a very small part of them. They are so far important, as being an assurance to the injured that there are competent men at hand; they are farther important that their appointment may be regarded, if they do their whole duty, as the entering end of the wedge to secure that great object—the most prompt and immediate, the most efficient means of relieving sufferering, by railroad injury, that it is in the power of our profession to devise. The first step towards such has hardly been taken as yet by the profession in general. After all the endorsements by eminent Surgeons and leading Societies of *my plans*, not one, as far as I know, outside of the two leading medical journals of New York and Philadelphia, has ever stirred in the matter. Knowing the deep and warm interest that the late VALENTINE MOTT had taken in it, I made an appeal to him in February, 1865, to try and stir up his professional brethren. I may be pardoned for inserting his reply, which was among the last of his letters on professional subjects, dated February 6th. He says: "Since the receipt of your letter I have thought over very carefully the important subject for which you have done so much. From time to time, as an opportunity offers, I will confer with my professional brethren, to see what can be done. You have done your full share, in time and money, for the cause of suffering humanity." In a subsequent interview he told me it was too late for him to work; his race was almost run, and in April this great sympathizer in the cause was no more.

To return to my immediate subject. The mere appointment of Surgeons will not secure the desired ends. Surgeons might be on the train, and yet could do nothing for want of absolutely needful appliances. When a great railroad accident occurs, the circumstances are just the same as they would be were a regiment to go into a fight with or without surgeons in war time, but without ambulance or medical supplies, and trusting to luck and time to get what they wanted for the wounded. In the great Erie disaster, two or three days since, the *New York Herald* reports that the injured were over five hours without proper attendance, without appliances, or even an opiate to soothe their agonies. Is it not possible to do better than this? Are such things creditable to so enlightened an age as this is said to be?

Again, a noble-hearted Pennsylvanian, not in our profession, writes to me a short time since: "Last night, near this place, the locomotive of a passenger train was thrown from the track, the engineer hurt, and the arm of the fireman cut off. With nothing to stop the blood, the poor man bled to death, or so near it that there was

no reaction, and I learn this morning that he is dead. On some one's head the blood of these unfortunate victims will fall." This gentleman knew that among my plans was teaching conductors to apply a tourniquet, and always to carry one. Had such been the case here, the man's life might perhaps have been saved to his family.

My plans, as you know, would make the railroad its own ambulance, the employers its intelligent attendants; apparatus to meet emergencies would be on hand, and life and energies often saved, until placed in the hands of the Surgeon. They have no reference to the ultimate disposition of patients.

Should your correspondent wish to know anything more of them, I would refer him to the New York State Medical Transactions of 1862 and 1863. *Au reste*, I am like himself a working practitioner, and expect to remain so. I have no interest in this matter other than in common with himself and the entire public. The only pecuniary considerations are on the side of loss, the advocacy not having been without considerable attendant expense. I am not, it is true, without hope of reward, but it is not such as Railroad Corporations will be likely to confer. When the principles I have advocated shall be carried out, as sooner or later they assuredly will, either on my plans or better ones, it will be enough for me if my name hereafter be honorably associated with the movement.

Edw'd S. F. Arnold, M.D.

Yonkers, N. Y., April 19, 1868.

OUR CINCINNATI CORRESPONDENCE.

The Public Health.

Editors Medical and Surgical Reporter:

This city as shown by the weekly health reports is one of the healthiest in this country. Our efficient sanitary laws (state and municipal) are to be thanked for this.

The board of health has appointed Professor Clendenin Health Officer for another year, Professor C., has served in this capacity for two years, and merits the position.

Nearly every city in Ohio is now availing itself of the Legislative Health Law, and thus in a quiet way, more is being accomplished for the public good than by any law which the prolific body at Columbus has *conceived* and brought forth for many years. The legislature this winter, in the height of their continuous folly, passed a bill to please those growling, fault-finding members of the profession, who are always looking to a code of ethics to secure professional dignity and success. Their efforts in this direction will compare favorably with the alchemist who, during the last century, sought for the philosopher's stone.

Such objective methods of instilling healthy life into society, or what is the same, into the profession, always fails. The cause lying *within* cannot be reached except subjectively. The noble art must look beyond support for help.

Personals.

By way of personal, it may be mentioned that Professor Wm. Gobrecht has been appointed a city physician to attend the female prison.

Dr. David Judkins has returned from a tour of European medical observation. He speaks in accents of just praise regarding the English profession, and from personal association found that such men as Furguson, Lee, Jenner, Holmes and others, possessed those great qualities for which they have been justly celebrated in this country. No nation exhibits the solid qualities of real worth more than the English. Young students are usually attracted to Paris and French medical men. The latter, justly celebrated, however it is to be presumed, are not in many instances the real attraction. Paris itself *draws*. The elders of our profession on going abroad find much to admire outside of Paris.

The new Hospital, Cincinnati.

Dr. Judkins did not succeed in finding in Europe a hospital superior to the one which Cincinnati is erecting. Our city may well be proud of such an institution, and they should never forget the debt which they owe Dr. Judkins for devoting so much of his time to its successful completion. Upon its occupancy this fall, the staff is to be re-organized.

This delicate task will be made by the trustees with that delicacy and regard to the feelings of the profession which is consistent with a due regard to thorough reform. No local clinique will influence their action, and whatever method of appointment is adopted, *capacity* will be the first test.

The summer schools here are well attended, both the Miami and the Cincinnati College of Medicine and Surgery. The latter has a class of over thirty, which is a large summer attendance for an inland city, during depressing financial times. I have not been able to ascertain the number in attendance at the former, but suppose it larger than the one just referred to. A.

Cincinnati, Ohio, May 19*th*, 1868.

Veterinary Science Vindicated.

EDITORS MEDICAL AND SURGICAL REPORTER:

In a late issue of the REPORTER was published the associated press dispatch from Washington, announcing that Prof. JOHN GAMGEE had stated that $100,000,000 was lost annually to the country, and by the employment of veterinary science the half of the amount could be saved. This statement of the worthy Professor should be taken for what *his countrymen* would consider it worth, for they know him longest. It is likely to have been of the sensational order.

The great loss of horses and mules annually during the late war is not to be wondered at, when it is known that only *one* Veterinary surgeon of either American or British graduation was in the army, and he lost his life under Gen. Lyon, in Missouri. There may have been a few German graduates in the army, but not many.

Again, and in support of the cause of the great mortality, there appears not to have been one man in the army that knew that the *action* of tartar emetic, *antim. et pot. tart.*, on horses and mules was *inert*, and notwithstanding this well known fact, it was their agent in thoracic affections—judging only by anology, an erroneous and fatal theory, well expressed by Sophocles of old—

> Swift in its march
> Is evil counsel.

If any one, who is well acquainted with the action of medicine on veterinary patients will but examine the list of the medicines supplied to those who were employed to treat the sick animals, he cannot but see the absence of our most certain and reliable agents in the curing of disease, and without which success would almost be a miracle.

The army of the United States is certainly an unfair standpoint from which to view, judge and form a criterion of the success of any branch of the sciences, and more particularly the veterinary, for reasons not necessary to enumerate in this place. But if any one is really interested and would like to get at the truth as to the value of veterinary science, let him but inquire of a few of the most prominent stock raisers in this city.

No better example of its value can ever be seen than the "Douglas mare," lately the property of Thos. Dolan, Esq., of the Keystone Knitting Mills—spavined, pelvic-abscess, pneumonia, stercoral colic repeatedly, on one occasion lasting four days; delivered of a colt by manipulation, swelled legs and other affections of less note. Yet the same mare to-day is as perfect and free from disease as horse ever was, with not a *blemish* to be seen, and brought $975 at public sale a few weeks ago; the colt is alive and valued at $1,000.

R. MCCLURE, V. S.,
Philadelphia.

Allen County, Ohio, Medical Society.

EDITORS MED. AND SURG. REPORTER:

The second annual meeting of this Society was held at this place, Tuesday, May 5th. The Society is organized auxiliary to the Medical Society of the State of Ohio, and now numbers twenty-six members. Thirteen regular meetings have been held, with an average attendance of ten members. This, considering the difficulties those members have to contend with in order to be present, is a very respectable attendance; many gentlemen having from twenty-five to forty miles to travel, in order to be present, and one enthusiastic member, Dr. WILLIAMS, who takes a deep interest in all matters pertaining to the good of the profession, makes a round trip of eighty-four miles to be with us. Thus you see that being an active member of a medical society, like the practice of medicine in the "backwoods," requires a very great sacrifice of personal comfort. Medical societies, their aims and objects, not being clearly understood by our people, we at first met considerable opposition, where it was least expected, from the general public. This spirit of opposition at first assumed rather formidable proportions, but as time passed and the people learned that the "Doctors' Caucus" was *not* for the purpose of organizing schemes of plunder, that an innocent victim was *not* offered a sacrifice on the altar of science at each monthly meeting, that the ashes of their departed were permitted to rest undisturbed, and that the objects of the Society were simply for the elevation of the character and usefulness of the profession, opposition ceased, and the people, who are always right after sober second thought, are now heartily seconding our efforts. Thirteen essays on medical topics have been read. At each meeting a subject is selected for discussion at the next subsequent meeting. In addition to the subject matter of the essay, many interesting cases in practice are reported at each meeting. Standing committees on ethics, surgery, practice, pathology, physiology, and materia medica, are appointed at the annual meeting.

A change in our constitution is contemplated, whereby each applicant for membership will be required to undergo an examination in the fundamental principles of medicine, and thus try to make of *some* practical value the law recently

passed by our Legislature, regulating the practice of medicine.

Dr. McHenry, our very worthy President, who, by virtue of his many good qualities, has a life lease on that office, has been in practice here over thirty years, and has become to be considered one of the "fathers in medicine."

S. A. Baxter. M. D.

Lima, Ohio, May 7th, 1868.

Aluminum *v.* Vulcanite. An improvement in Artificial Teeth.

Editors Med. and Surg. Reporter:

Dr. Alfred Starr, of New York city, has brought for my inspection and chemical examination a set of teeth fastened upon a plate of aluminum, together with some solder for uniting the teeth to the aluminum plate. I have made a chemical examination of this solder, and find that there is neither mercury, arsenic, zinc, or lead in its composition, but that it is composed of a metal which is perfectly harmless in the mouth.

I consider this use of aluminum one of the most scientific improvements in dentistry. Aluminum is the metal of which alum is a salt. For dentistry it is infinitely preferable to gold, being both lighter and cheaper. Between the use of aluminum and hard rubber there can be no comparison; for while aluminum is strong, and the lightest of metals, and perfectly harmless in the mouth; hard rubber is thick, heavier, brittle and exceedingly dangerous, there being many instances of mercurial salivation attributed to its use.

The hard rubber used for base for teeth is composed of rubber, sulphur, and sulphide of mercury, nearly one-third of the whole being sulphide of mercury. This amount of mercury kept constantly in the mouth, cannot but be sometimes injurious, as it is soluble in the saliva.

In addition to the danger of salivation from the mercury in these hard rubber plates there are other dangers unknown to the manufacturer. The sulphide of mercury which is added to the rubber is often adulterated with red lead and bisulphide of arsenic, both of which poisons are soluble in the mouth. By inserting this in your valuable journal, you will be benefiting the public.

Sam'l R. Percy, M. D.,
Professor of Materia Medica.

New York, May, 1863.

Rupture of the Uterus. Recovery.

Editors Medical and Surgical Reporter:

On reading the case of L., in your last number, and your comments thereon, about rupture of the uterus, the following case, occurring in my practice a few years ago, was brought to my recollection.

I was sent for, early in the day, to visit a tailor's wife, who had been in labor some time. I found another physician in attendance. The head had descended pretty well into the pelvis, and the woman, having been in severe labor about six hours, began to show symptoms of exhaustion. I advised the forceps; the other gentleman thought that he would wait awhile. I left. About two hours afterward the husband came for me, saying that the Doctor wanted me immediately. When I returned, the woman was almost pulseless, face pinched, severe pain in right iliac region, no external hemorrhage. The Doctor told me, that about thirty minutes before my arrival, this condition of things came on after a severe uterine contraction. On a digital examination I found that the head had receded to the brim of the pelvis, and that the foot of the child could be distinctly felt without the uterus, through the abdominal walls. The woman was a thin spare person. We first thought of the forceps, and attempted to apply a blade, but the head receded. The blade was withdrawn, the hand introduced, and the child was turned without the least difficulty, there being no uterine contraction, and delivered in a few minutes. After the delivery we could find a large rent in the uterus. Luckily, no bowel protruded. We naturally supposed the woman must die. We gave large doses of tincture of opium, both to revive her and to control the pain. She rallied, and in three weeks she was able to be out of bed. I saw her alive and well two years afterward.

John Burke, M. D.

301 *E. Broadway, N. Y.*

News and Miscellany.

The Fever at Port Louis, Mauritius.

Mr. Nicholas Pike, the American Consul at Port Louis, Mauritius, in a dispatch to Collector Smythe, of New York, says, "that between the date of his last dispatch (Feb. 17) and March 3, the epidemic fever had increased very rapidly. Eighteen hundred persons died in January, and it was thought that February would show even a greater mortality. The mortality is mainly among the higher classes, and the malady has assumed a typhoid form. Of 140 American seamen in port, only one had died. The steamship Warrior, from New York, with 50 men on board, had only three men fit for duty, and a number of American vessels had proceeded to sea with

most of their crews in a sickly state. It was almost impossible to procure men to man vessels, as almost every seaman was sick. Not a single vessel in the harbor had escaped, and in some cases officers and crew had all been down. The mail packet, which was to sail on the 6th, had every state-room and berth engaged, so anxious were the people to get away. The disease had made its appearance at Mahobourg, on the windward side of the island, and in the district of Hacq, in the north-east part of the island. * * The population of Port Louis is between 40,000 and 50,000, and that of the Island of Mauritius between 300,000 and 400,000. The island has suffered severely from cholera on several occasions."

Scarlatina in Boston.

We clip, from the *Providence Journal*, the following notice:

One of the severest epidemics of scarlet fever ever known in this country, has prevailed in the city of Boston during the past year, and still continues, though the number of deaths is gradually diminishing. The whole number of deaths in that city, from scarlatina, from the first of January, 1867, to the first of April, 1868, has been 428. Our figures are taken from the weekly reports of deaths, and may differ slightly from the official reports when they shall be made. It is to be remembered, also, that from the beginning of the present year, the figures have been for the city as enlarged by the annexation of Roxbury.

There were deaths in Boston from scarlatina in all but one of the sixty-five weeks included in this statement. The greatest number in any one week was 30, in the week ending Dec. 14, 1867. The greatest number in any month was 78, in the four weeks ending Dec. 23. The epidemic seems to have reached its height in Boston about the middle of December. The number of deaths from scarlatina in each month, from January, 1867, to the present time, was as follows, as compiled from the weekly reports:

1867.	January	1867.	September
	February		October
	March		November
	April		December
	May	1868.	January
	June		February
	July		March
	August		
Total			

January	15
February	14
March	10
April	13
May	19
June	20
July	23
August	18
September	12
October	23
November	47
December	78
January	55
February	48
March	34
Total	428

Of the whole number of deaths, 262, or considerably more than one-half, were in the last five months of the period. The number of deaths during the year 1867 was about 300.

But 428 deaths from scarlatina represent several thousand cases of the disease, and the deaths are only a small portion of the sad results from it. The disease often leaves effects upon the systems of those who survive, which render life hardly preferable to death.

While it is probable that scarlatina is very slightly, if at all contagious, it often, as in Boston during the past winter, becomes highly epidemic, and spreads with great rapidity and virulence through a whole community. Children, going from a place where the disease is not epidemic to a place where it is so, are very liable to take the disease, though they may not see a case of it. We have had several cases of scarlatina in Providence during the past winter, which were evidently contracted by a few days' residence in Boston; but the disease was not sufficiently contagious to propagate itself in Providence, where there was no epidemic cause present. We suppose that, for months past, a child would run far more risk of taking scarlatina by staying a week in Boston, without seeing a case of the disease, than it would by living a month in the house with a case of the disease in Providence. This illustrates what we understand by an epidemic of a disease. It is a cause of disease, wide-spread in a community, and producing its effects upon the whole people, independent of personal communication.

Pleasant Thoughts for Tobacco Users.

Dr. W. H. WETHERBEE, in an article on the Chemistry of Tobacco, in the *Journal of Applied Chemistry*, imparts the following agreeable information to those who delight in the Indian weed.

Among the various adulterations to which chewing tobacco is subject, are lead, copper, antimony, copperas, black hellebore, alum, sugar or molasses, dock leaves, and corrosive sublimate. These are added to give flavor or pungency to the weaker and poorer varieties, and the legitimate effects of such villainous compounds need not be mentioned. Too much of the "fine-cut chewing tobacco" is wrapped in an inferior kind of tinfoil, having a great proportion of lead in its composition, and partial paralysis of the tongue and muscles of the mouth has followed its use, from the lead salts thus formed, when the simple use of tobacco in its pure state would have failed to produce results so deleterious.

For chewing purposes, an article called British herb tobacco has been substituted for the genuine "weed," and is composed of thyme, marjoram, and hyssop, of each two ounces; coltsfoot, three ounces; betony and eyebright, of each four ounces; rosemary and lavender, of each

eight ounces: the whole mixed, pressed together, and cut in the form of plug-tobacco. It is harmless, cheap, and among the poorer classes answers a good purpose. For smoking purposes, the bark of the cascarilla is sometimes added to impart a peculiar flavor, and the leaves of various other plants are sometimes substituted in part for those of the tobacco. Nitre is sometimes added to make it burn more rapidly, though it is frequently found in small quantities as a product of the chemical process of curing the plant. Potash, as before observed, exists already formed as one of the component parts of tobacco, aside from the trace of the nitrate which it contains, and in the usual process of preparation a weak solution of potash, or its carbonate, is also sprinkled upon the leaves, and it is not unlikely, that while being dried, they may absorb a portion of nitrogen and oxygen from the atmosphere, sufficient to form a small amount of the nitrate.

Snuff-taking, though at one time almost a universal practice, has now fallen greatly into disuse, though in some of the Southern and Western States, and among the Spanish dames of the West Indies, the disgusting habit of *chewing snuff*, or, as it is called, *dipping*, is still followed to a great extent. Medicinally, it is recommended for colds, catarrh in the head, and several other purposes. Snuff is usually adulterated with salt, for the purpose of increasing its weight and keeping it moist, and with urine, muriate of ammonia, and powdered glass, to increase its acrimony and pungency. Some kinds are moistened with cane-juice, or molasses and water, which give rise to the vinous fermentation, and rum is sometimes added to produce the same flavor. Quick-lime or caustic alkali is sometimes added to the tobacco to develope the flavor, as well as to neutralize the acid formed in fermentation.

Many other substances are also added, either to color or flavor, thus forming the different varieties of Scotch, Welsh, Spanish, Lundyfoot, French, Russian, Strasburgh, Maccaboy, and many others. They are sometimes medicated with subsulphate of mercury, nitrate of silver, etc., for catarrh, headache, inflammation of the eyes, and other diseases of the nerves of the head, the mucous membrane of the nose, etc.

Back Numbers Wanted.

We would call the special attention of subscribers and readers to the list of back numbers of the Reporter, that we are much in need of. It will be found on *second page* of cover. It will be observed that some new numbers have been added to the list, viz., 578, 579, 580, March 28, April 4 and 11.

—— The oldest doctor in the world, Professor F. Verdugo, Salamanca, Spain, died lately, aged 105 years. He had practised medicine 80 years.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

Anderson—Mendenhall.—In Cincinnati, May 13th, Larz Anderson, Jr., and Miss Emma, daughter of George Mendenhall, M. D., all of Cincinnati.

Brientnall—Agens.—May 14, 1868, at the House of Prayer, Newark, N. J., by the Rev. W. A. W. Maybin, assisted by the rector, Rev. H. C. Goodwin, John H. H. Brientnall, M. D., and Harriet T., only daughter of Thomas Agens, Esq.

Browne—Orton.—At Alexandria, Va., May 4, by the Rev. J. E. Wheeler, Mr. George E. Browne, of Maine, and Miss Carrie S., eldest daughter of the late J. R. Orton, of Brooklyn, N. Y.

Hassler—Burnett.—In this city, May 14, at the residence of the bride's father, by the Rev. J. H. Castle, D.D., Ferdinand A. Hassler, M. D., and Miss Annie Kate, only daughter of Eli S. Burnett, all of West Philadelphia.

Hewston—Ellis.—In New York, May 5, by the Rev. Alexander Vinton, D. D., at the residence of the bride's father, General John Hewston, of San Francisco, and Susan M. Ellis, daughter of Dr. S. C. Ellis.

Leach—Barton.—In this city, on the 14th inst., by Rev. Samuel Irwin, No. 1402 Christian Street, Royal D. Leach, M. D., of Kent co., Del., and Miss Emeline Barton, of Ulster co., New York.

Palmer—White.—In Cincinnati, May 5th, at the residence of R. M. White, 75 Westley Auenue, by Rev. Henry Smith, D. D., Dr. Chauncey D. Palmer and M. Addie White.

Smith—Snow.—In New York, April 23, at the residence of the bride's parents, by the Rev. J. P. Thompson, D.D., Samuel St. John Smith, M. D., of Perth Amboy, N. J., and Ellen M. Snow, of New York city.

Treacy—Smith.—On the 12th inst., at St. Joseph's Church, by the Rev. P. S. Blenkinsop, Dr. D. J. Treacy, and Miss Mary F. Smith, both of this city.

DIED.

Culbertson.—At Stewartsville, Mo., May 8th, of adynamic pneumonia, Mrs. Mary E. Culbertson, wife of Dr. A. J. Culbertson, aged 30 years. Ohio, Indiana, and Illinois papers please copy.

Faught.—In Covington, Ky., May 4, after a long and painful illness, of childbed dysentery, succeeded by typhoid fever, Mrs. Hattie N., wife of A. E. Faught, and daughter of Dr. S. S. and Orpha Cook, aged 25 years, 4 months, and 20 days.

Keyt.—In Cincinnati, on the 8th inst., of disease of the heart, Louisa, youngest daughter of Dr. Alonzo T. and Susannah D. Keyt.

Palmer.—On the 8th inst, suddenly, at Stonington, Conn., Dr. Geo. E. Palmer.

Reid.—In this city, on the 13th inst., Anna C., wife of N. C. Reid, M. D.

Wheeler.—In New York, May 7th, of hemorrhage from the lungs, Horace K. Wheeler, M. D., Assistant Physician of the Bloomingdale Hospital for the Insane.

Winston.—In Vienna, Austria, May 10th, Joseph Sands Winston, M. D., youngest son of Frederick S. Winston, of New York.

METEOROLOGY.

May,	4,	5,	6,	7,	8,	9,	10.
Wind	S. W.	S. E.	N. E.	E.	N. W.	N. W.	N. W.
Weather	Clear. H'vy Fog.	Cl'dy. Rain.	Cl'dy.	Cl'dy. Rain. t. & l.	Cl'dy	Clear.	Clear.
Depth Rain		1-10		1 4-10			
Thermometer.							
Minimum	40°	43°	47°	42°	35°	38°	43°
At 8, A. M.	52	57	56	50	48	54	58
At 12, M.	65	60	60	51	55	60	65
At 3, P. M.	66	61	60	52	54	63	63
Mean	55.75	55.25	55.75	48.75	48.	53.75	57.25
Barometer.							
At 12, M.	30.2	29.9	29.9	29.7	29.9	30.	30.1

Germantown, Pa. B. J. Leedom.

THE

MEDICAL AND SURGICAL REPORTER.

No. 587.] PHILADELPHIA, MAY 30, 1868. [Vol. XVIII.—No. 22.

Original Department.

Lectures.

A LECTURE ON GRANULAR DISEASE OF THE KIDNEY.

By A. P. Dutcher, M.D.,

Late Professor of the Principles and Practice of Medicine in Charity Hospital Medical College, Cleveland, Ohio.

Gentlemen: You have recently seen, in the hospital department of this college, several patients who are said to be laboring under *albuminuria*, a term which only expresses the state of the urine, but conveys no definite ideas of the pathological conditions that give rise to the presence of albumen in that excretion. It is a symptom of several diseases of the kidney, and when considered alone, is of very little importance in making out a diagnosis of the special disease of the urinary organs under which the patient suffers. Thus albumen is frequently present in the urine when the kidney is suffering from congestion, inflammation, fatty degeneration, waxy, tubercular, cancerous, and cystic disorganization. We do not, therefore, look upon albuminuria as a disease, but simply an effect of disease; one of its phenomena that should lead us to investigate carefully the source from which it comes. We are, therefore, inclined to ignore the term albuminuria as wanting in significance, and instituting such nomenclature as will be in accordance with the structural lesions.

In this lecture we shall speak more particularly of *Granular Disease of the Kidney*. Let us notice,

I. Its Clinical History.

This disease commonly prevails in two forms, the acute and chronic. The acute form is usually announced by chills and fever, frequent pulse, furred tongue, pain in the head and loins, frequently extending to one or both testicles, nausea, and vomiting, with frequent desire to pass water; the quantity of urine voided is small, of a high specific gravity, and of a dark smoky color, with a copious reddish deposit, which, under the microscope, is found to contain red corpuscles, renal epithelium, and fibrinous casts entangling more or less of the latter. Sometimes corpuscles are present which resemble those of pus, and like them have compound nuclei; the urine contains albumen, not unfrequently in large quantities. If the disease is not speedily checked, symptoms of uræmia and dropsy ensue, and the patient may succumb to coma, convulsions, œdema of the lungs or epiglottis.

In the chronic form of the malady, the symptoms are not so severe, neither are they developed so rapidly. At first the patient finds that the urinary excretion is increased in quantity, that he is obliged to get up at night to pass water. He feels a loss of strength, nausea, thirst, a dry skin, and bad digestion. There is a peculiar pale look of the face, with slight emaciation of the body. If the urine is now examined, it will be found to contain more or less albumen, with fat globules, fibrinous casts, blood and pus cells. He now often complains of headache, and a sense of weight or pain across the loins. His pulse is full and hard, tongue very much coated, bowels either costive or relaxed.

If the disease now goes on unchecked by medical treatment, the individual's countenance becomes bloated, the skin more dry and rough, the headache increases in severity, and the calls to micturition more frequent. The sense of uneasiness and pain in the loins increases, and the headache is often accompanied with severe paroxysms of nausea and vomiting, adding greatly to the sense of lassitude and weariness, which constitute such

marked features of this disorder, when it assumes a grave form. The dropsy, that at first was confined to the lower extremities, now extends to the abdomen, and in many cases becomes general, the urine becomes more scanty, and as the disease proceeds to a fatal termination, the vital powers give way, and in a state of asphyxia or coma the patient yields up his life to the God who gave it.

Such is a brief outline of the symptoms of the acute and chronic form of granular disease of the kidney. It should, however, be remembered that they may not all occur in the same order as described, nor in the same individual. A person may have it for years, and finally perish with it, without suffering from dropsy. One of the most marked cases of this disease I ever met with, terminated fatally at the expiration of the second year, without dropsy. And for several weeks before death the urine was so loaded with albumen, that on exposing it to the action of heat it became nearly solid. Sometimes there is no albumen in the urine, at least it cannot be detected by the ordinary chemical tests. In some instances the individual is so little affected by the general symptoms of the disorder that he is able to attend to his usual occupation, when suddenly he is attacked with acute pericarditis, peritonitis, or pleuritis, which hurries him out of the world in a few hours. Should he escape these acute complications, he may suffer from palpitation of the heart, blindness, loss of hearing, coma, and convulsions. Softening of the brain and pulmonary tuberculosis are frequently concomitants of granular disease of the kidney.

II. Nature and Anatomical Pathology of Granular Disease of the Kidney.

There is considerable diversity of opinion among writers on pathology as to the nature of this disorder. Some regard it a degenerative disease, similar to white softening of the brain, when its supply of nutriment is cut off. Others look upon it as the result of subacute inflammation of the granular structure of the kidney. That the affection is inflammatory in its origin, I am well convinced. The history of nearly every case, when minutely examined, will bear ample testimony on this point. The patient will almost always date his illness from an attack of some cutaneous disorder, influenza, or the indulgence in the intemperate use of alcoholic stimulants, all of which are known to have a tendency to produce congestion and inflammation of the renal organs.

The pathological anatomy of the disease is rather uniform. In the acute form, a post mortem commonly shows the kidney somewhat enlarged, weighing from five to ten ounces. The external surface of the organ appears congested, but much paler than usual. On section, the capsule separates readily, the vascularity is increased, and points of sanguinary extravasation are seen. The medullary cones are very dark-colored, and they appear to be compressed by the cortical substance lying between them, while their bases spread outward into the cortex, presenting the form of a dumb-bell.

In the chronic form, the kidney is but little larger than usual; in some rare instances, however, it has been found wasted and nodulated in appearance. Minute examination shows that this wasted appearance is the result of a radical degeneration in the cortical substance, which is much thinner than natural; the cones are also involved in the same change. The lobular markings or divisions, as seen on the surface of the kidney when in a state of health, are confused and obliterated, and here is a want of vascularity which gives the organ a soft and flabby appearance. In one or two kidneys I have met with small circumscribed ulcers.

In some instances, instead of a diminution in the size of the organ, it is rather increased by an abundant inter-tubular deposit. In this condition of the kidney, the loss of vascularity is much more marked than when it is wasted in appearance and diminished in size. When this deposit is recent, the kidney retains its smoothness, but after a time the deposit contracts, forming white or yellow granulations, varying in size from a pin's head to a pea. Microscopic examination shows that this deposit is mostly fibrin, and that it is accumulated principally around the Malphighian bodies, tubules, and blood vessels.

The immediate cause of these structural lesions of the kidney is not very obvious. Some writers consider the intemperate use of alcoholic stimulants one of the most frequent of all the exciting causes of this disease. Dr. WATSON is of the opinion that intemperance in drinking is rather a predisposing than an essential cause, from the fact that the malady is not unknown among children, and in other persons whose manner of life has been strictly temperate. I had lately an example of this in a young lady, aged fifteen years, who had never menstruated. And this leads me to remark that the renal disorder has been known, in many instances, to follow a sudden check or sudden suppression of the catamenia.

There is also evidence to believe that this disease may occur as a sequel to organic derangement of the heart, liver, and various cutaneous eruptions, such as measles and scarlatina. In the latter malady, it is produced by the morbid condition of the blood, and the extra burden that is imposed upon the kidneys by the failure of the skin to perform its proper functions; it excites inflammation in the granular structure of the organ, and if not speedily arrested, the tubuli uriniferi also become implicated, and we soon have anasarca, uræmia, convulsions, or coma. In uric acid rheumatism, the kidneys often become affected with granular disease. Indeed, I have often thought that this disease of the kidneys was a fruitful source of this form of rheumatism. That owing to their failure to eliminate urea and uric acid, these excrementitious elements were retained in the blood, and all the distressing phenomena of rheumatism was the result. The failure of the kidneys to perform their proper functions, no doubt leads to a vast number of evils in the system. Some of the worst forms of indigestion are the result of granular disease of these organs, and it is frequently astonishing how speedily they will disappear, when the renal disorder is removed. And I am well satisfied from my own observation, that physicians do not, as a general thing, pay as much attention to the condition of the urine as a means of diagnosis in disease as they should. No practitioner, in my judgment, can prescribe intelligibly for renal derangements, who is unacquainted with the art of microscopic diagnosis. As well may a mariner attempt to navigate the ocean successfully without a compass, as a physician detect the numerous complicated diseases of these organs without the aid of the microscope.

III. Diagnosis and Prognosis of Granular Disease of the Kidneys.

The diagnosis of the disease must be made out chiefly by a microscopical examination of the urine. The general symptoms may tell us that the kidney is suffering, but what the nature of that suffering is, the microscope alone can tell. In granular disease of the kidneys in the acute form, the urine will commonly present the following elements; mucous and blood-corpuscles, renal epithelium, fibrinous casts, and large pus cells with compound nuclei. In the chronic form we find renal cells, true epithelial casts, granular casts, fatty globules, hyaline, or waxy casts, pus cells and blood-globules. When all of these microscopical elements are present in the urine, when it contains a large quantity of albumen, is very acid, light straw colored, scanty, and of a low specific gravity, not exceeding 1010, with general and progressing anasarca, there can be little doubt as to the existence of granular disease of the kidney.

The prognosis of acute granular disease of the kidneys is favorable. If it is detected early, and proper medical treatment instituted, there is a reasonable probability that it may terminate in the restoration of the organs to their normal state. But if the disease has made considerable progress, and is indifferently treated, it may speedily prove fatal, or pass into the chronic form. When it assumes the latter form, we have a most troublesome disorder to manage, and we can seldom expect to effect a radical cure. Indeed in the great majority of cases, under the very best medical treatment, it will prove fatal. It is true, its progress is commonly very slow, and if no complications set in, the patient may live for years. But these do not often delay their coming. They overtake the patient when we least expect them. This was the case with a methodist preacher whom I attended about a year since. He had suffered with this form

of kidney disease for more than five years. But by careful attention to his general health, and palliating medical treatment, he had been able to perform regular ministerial labor until seven days previous to his death, which was caused by a sudden attack of bronchitis, and the supervention of pulmonary œdema.

IV. Medical Management of Granular Disease of the Kidneys.

In the management of this disorder, we must be guided by its form, and the progress it has made. When it is acute, if you are called at the very commencement of the attack, the patient plethoric, and is not debilitated by any injurious habits, you should not fail to use antiphlogistics promptly. And this is upon the supposition that the disease is inflammatory, and that antiphlogistics will cure inflammation. I have by long experience found that nothing will give more speedy relief than the loss of a few ounces of blood. This should be drawn from the arm freely in a large stream. Where general bleeding is not indicated, cupping the loins should not be neglected.

Next to bleeding, purgatives and some of the non-stimulating diuretics are the best therapeutical agents that can be employed. Calomel, podophyllin, acetate of potash, squills, and digitalis may all be employed to suit the indications of each particular case. I know of no combination of therapeutical agents that have proved more useful in the latter stage of this disease, particularly when dropsy is present, than the following time-honored prescription:

℞. Hyd. chlor. mite, gr. vi.
Pulv. digitalis,
Pulv. scillæ, āā gr. xij.
Pulv. gamboge, gr. xiv. M.
Ft. in chart. no. 12.

Sig: One powder every eight hours; if the bowels are very loose, the gamboge may be omitted.

Particular attention should be paid to the condition of the skin. Mild and sustained diaphoresis is a very important means in relieving the engorged kidney. To effect this end, immediately after proper depletion, I am in the habit of using the alcoholic fumigating bath. After this, the patient is placed in bed, and such moderate warmth is used, as will prolong the effect of the bath, producing free perspiration.

In the chronic form of this disease, antiphlogistics are not called for. Bleeding is out of the question, and cupping is rarely useful. Purgatives are frequently beneficial, but should be employed in such a manner as not to irritate the stomach. As in the acute form, so also in this, the functions of the skin should not be neglected. The warm bath is here of essential service. Indeed, it is one of the most efficient instrumentalities we have, and some medical writer has gone so far as to assert, "that whenever perspiration comes on, either spontaneously or in consequence of medicine, the case almost always terminates favorably."

Much diversity of opinion exists among medical writers in regard to the propriety of administering mercury in either form of this disease. Dr. Golding Bird, says, "that the accumulated experience of many years has shown that patients laboring under this malady cannot bear the operation of mercury; indeed, the smallest quantity, even a couple of grains of blue pill, has produced dangerous and fatal salivation."

I could not say that such has been my experience with mercury, in the first stage of either form of the disorder we are now considering. It is well known that we occasionally meet with an individual who cannot bear the use of this article under any circumstances. A few grains of calomel will in them produce the most severe ptyalism. And these are the patients, who when suffering under granular disease of the kidney, appear to be injured by its use. But this is no reason why it should be condemned in all cases. When dropsy is the most pressing symptom, in combination with digitalis and squills, I have frequently seen this trouble speedily give way, when every other therapeutical measure had failed. Indeed, I have seen such remarkable effects attending the use of mercury in this disease that I would not attempt to treat a case without it.

In the cystic, waxy or tubercular kidney I do not recommend the use of mercury. It

cannot possibly exert any influence in correcting or removing the local lesion. In granular disease of the kidney, it may and does frequently do both. To deny this, would be to reject its agency in promoting the absorption of fibrin when exuded in other structures of the body.

But while I place my chief reliance on mercury, in treating the chronic form of this disease, I do not neglect the use of other remedies that have been found efficacious; especially where anasarca is a distinguishing and pressing symptom, vegetable and alkaline diuretics may be freely prescribed. In those cases where there appears to be a demand for an augmentation of the quantity of urine, I have frequently seen this speedily accomplished by the following:

℞. Ext. junip., fluid.,
Ext. uvæ ursi., " āā f.℥j.
Potassæ acetat., ℥ss. M.

Sig. A teaspoonful every four hours, in a wineglassful of an infusion of eupatorium perpuria, or,

℞. Tinct. colocynth., f.℥ij.
Tinct. digitalis, f.℥ss.
Ext. junip., fluid., f.℥ijss. M.

Sig. A teaspoonful every six hours. This prescription will produce watery stools, and a copious discharge of urine.

While using alteratives and eliminatives, we should remember that in a certain sense they are destructives; they produce more or less waste of the solid tissues and fluids of the body. And while we pull down, we should also build up—*reconstruct*. Hence tonics and restorative hæmatics may be employed at the same time. Iron, quinia, strychnia, and gentian are all useful medicines in this disease, especially the citrate and sesquichloride of iron. The diet should also be regulated with care: it should be more animal than vegetable. All injurious habits should be abandoned, and the patient should take as much out of door exercise as his strength will allow.

A remark or two in regard to the management of those who have a predisposition to this disease. And, first, the most important thing to be looked after is the other secretions. We should ascertain that the skin is performing its functions, and if not, apply those means which will promote its healthy action. This may be accomplished by means of warm baths, friction with a coarse towel, and exercise, at the same time keeping the body warm by sufficient clothing.

We should also correct any derangement of the digestive organs. If the individual is costive, and habitually so, give him a teaspoonful of the following, three times a day, after each meal:

℞. Ext. sennæ, fluid.,
Syrup. rhei et potassæ comp., āā f.℥ij. M.

If uric acid, or any of its compounds are present in excess, the diet should be mostly vegetable or fruit; and to correct the uric acid diathesis, and sooth the irritable kidney, you may prescribe the following:

℞. Potassæ bicarbonas, ℥j.
Ext. uvæ ursi fluid.,
Ext. humulus lupulus, fluid., āā f.℥ij. M.

Sig. A teaspoonful three times a day in a wineglassful of cold water.

When the microscope shows a large amount of oxalate of lime in the urine, the nitro-muriatic acid is a useful therapeutical agent. It may be prescribed thus:

℞. Acid. nitro-muriat., f.℥iij.
Strychniæ, gr.ij.
Tinct. cinchon. comp., f.℥viij. M.

Sig. A teaspoonful three times a day, just before each meal, in a wineglassful of cold water.

This is a most excellent prescription where kidney trouble depends upon defects in the primary assimilation.

When an individual is threatened with this disease, all alcoholic stimulants should be strictly prohibited. When taken in large quantities, it imposes an extra burden upon the kidneys for its elimination, and it is no wonder that in intemperate persons they so frequently give out. More than one-half of the patients who present themselves at our clinics for medical treatment, suffering with granular disease of the kidney, are individuals who have fallen a prey to the intemperate use of ardent spirits. This is a significant fact, and should not be ignored when prescribing measures to prevent or remedy this malady.

—— The famous surgeon, Dr. NELATON, has lately left Paris for Stockholm, to operate for a tumor on BARON HOEPNER. His fee is to be $20,000, and travelling expenses.

Communications.

INSTRUMENTAL DIAGNOSIS.

By Philip S. Wales, M. D.,
Surgeon, U. S. Navy.

(Continued from page 448.)

Manner of Using the Ophthalmoscopes.

Ophthalmoscopic examinations should be conducted in a dark room. The exploration will be generally rendered more easy and satisfactory the more brilliant the light, and for this purpose nothing is better than an ordinary gas lamp, though in the absence of this, an ordinary oil lamp or candle will answer tolerably well. As the object should be to shield the eye under examination from the rays of light coming from the lamp, it is important to place this in the rear of the plane of the patient's forehead, with the flame about the level of his eye. This advantageous mode of illumination may be still further enhanced by surrounding the chimney of the lamp with a cylindrical piece of sheet iron, having a hole cut in it opposite the flame, looking towards the mirror; in this manner all lateral supply of light from the lamp to the face of the patient will be effectually cut off, while a no less important point is gained in that the chimney shields the side of his head from the heat of the flame, which should be brought near to the eye that the mirror may not be held too much inclined to one side, as it would have to be, if the light is far off. This inclination diminishes in proportion to its extent the aperture in the mirror, through which the retina is examined, and produces alteration in the normal appearances and shape of its parts, besides rendering the examination more trying to the observer's eye.

The surgeon seats himself opposite the patient in such a position that his eye may be two or three inches above the level of that of the patient's, and that he may be able to look easily to the very bottom of the eye. He holds the mirror in the right hand directly before the eye to be examined, and inclines it to such a degree as to throw the rays of light directly into the pupil. After the retina has been fairly illuminated the surgeon approaches or removes the mirror from the patient's eye, until he obtains a distinct view of the retinal surface. If the observed eye should be myopic, it will be found necessary to place a double-concave glass behind the mirror, and in hypermetropia a convex one, in the same position, before distinct perception can be obtained. If the reflection of the mirror from the two surfaces of the lens at the pupil causes any interference with distinct vision, by changing the lens to an oblique position, it will be removed.

In exploring the transparent media of the eye, it will not be necessary generally to dilate the pupil, the light also in such cases should not be so bright as is used under other circumstances with a dilated pupil, otherwise the slighter forms of opacity will be rendered translucent, and thereby escape detection. If the light is properly regulated, and the examination conducted with care, any opacity of the transparent media will appear as dark spots upon the reddish field displayed by the mirror. In this manner incipient cataract, changes in the transperency of the cornea, or floating albuminous flakes or crystals of cholesterine in the vitreous humor may be detected with great precision.

But when the exploration is to be extended to the bottom of the eye, to the retina, and choroid coats, it will be better generally to dilate the pupil and to employ the full illuminating power of the lamp already spoken of. It is important to observe particularly the optic papilla, and the macula lutea; and to do this it will be necessary to have the eye of the patient fixed in certain determined directions. To see the papilla, as it is a little to the inner side of the optic axis, the right eye of the patient must be directed over the surgeon's right shoulder, and if the left one is under examination the patient may be directed to look at the surgeon's left ear. As the macula lutea is directed in the line of the optic axis, to observe it in either eye, the latter must be directed straight forward. The tremulous motion of the retina caused by its separation from the choroid in consequence of effusion between them, can best be seen by directing the patient to move his eyes rapidly in different directions. After having made these special observations, the balance of the retina may be explored as far as the *ora serrata* by directing

the patient to change the position of his eye, in any desired direction, to effect this object.

The examination may be more satisfac tory and accurate if the retina be scanned first with the inverted image, that is by using the double convex lens above spoken of, which the surgeon should hold directly before the observed eye, between the thumb and index finger of his left hand; the distance of the lens from the eye being altered according to the refractive power of the media of that eye until the proper focus has been obtained, which manipulation any one can easily learn after a few trials. Having located the pathological changes, if any be present, by the *indirect* method, the details of such changes may afterwards be studied by the *direct* method above described, which gives a greatly magnified view of the objects.

Whether we use the direct or indirect methods of ophthalmoscopic examination, the eye in health presents the same certain characteristic appearances which we are required to study beforehand in order to understand and appreciate those changes which are wrought in the anatomical constituents of the eye by disease. The most perfect transparancy of the refractive media of the eye permitting the light to pass into its anterior, and thence outward again, is an essential feature of their physiological condition, which precludes the possibility of distinguishing, with the ophthalmoscope, any boundaries between them, or of marking their outlines, so that we can locate them with their individual size and shape in relation, one with another; the fact is that to the eye of an observer these various transparent parts are as one refracting medium, and it is not until morbid changes have occurred in them, and the tissues have become opaque, can we, aided by our anatomical knowledge, say that this part is the crystalline lens, or that part the vitreous humor.

The retina is also so nearly transparent, that, without the aid of the vessels which course through its substance, it is very doubtful that one could distinguish it with the ophthalmoscope. The light entering through the pupil, and traversing the retina, is received upon the choroid which partly admits and partly reflects it, and it is the reflected rays from this surface which gives to the bottom of the eye that rich orange red color, perceived by the ophthalmoscope. The observer after having illuminated the retina of the eye at first sees nothing but this beautiful color, until the mirror is properly placed and the lens perfectly focussed. Then, by an attentive examination, the details of the field may be easily made out. If the patient be directed to look directly forward, the observer will perceive the optic papillæ, which corresponds to the entrance of the optic nerve. Its color is in strong contrast with the rosy hue of the retina, presenting, as it does, a disc of brilliant white color. Its magnitude varies according to the power of the lens employed, and the degree of refraction of the media both of the surgeon's eye and the eye under observation. In the emmetropic eye, with a lens of one and three-fourths inches focus, it measures about seven millimeters. In myopic eyes it appears smaller, and the reverse in those hypermetropic. Its form is almost constantly round, sometimes oval, or even a little angular. The oval appearance is due in some cases to astigmatism or to the biconvex lens being held in too oblique a position. The centre of the papilla is bright and sparkling, and surrounds the vessels of the retina, which are composed of arteries and veins. The arteria centralis retinæ usually divides into four branches, sometimes five, two superior and two inferior; they are of a scarlet color, and run from the optic disc outward, inosculating to some extent with each other as they proceed, without however diminishing much in size. The veins, equal in number to the accompanying arteries, proceed from the circumference to the papilla, and may be distinguished from the arteries by their larger size and deeper color. By pressing upon the globe of the eye, pulsation may be produced in both orders of vessels, and in some apparently normal eyes the rythmical phenomenon is presented by the veins without any disturbance being inflicted upon the organ.

When the papilla is in a healthy condition, certain deviation in its color from that above described may often be observed. Bluish specks, for instance, may be seen upon it, or some limited portion of its cir-

cumference may be edged with black, as if a line had been drawn with ink about it; this results from the deposit of a greater abundance of the choridean pigment.

The *macula lutea* requires the most attentive examination, both on account of the importance of the pathological changes that are often detectable at this point, as well as the difficulty often encountered in discriminating it from the surrounding portion of the retina. It appears a slightly shaded, more or less rounded pale spot, about the size of the optic disc and about three lines to its outer side. Sometimes it is more distinctly defined by the deposition of pigment about the spot, and correspondingly easy of detection. The proper position of the eye to observe the *macula* is looking directly forward.

The retina being nearly transparent, it is difficult to make out, but by attentively observing the vessels which anastomose in its substance, it may be detected as a thin bluish, or greyish membrane, through which the paler and more tortuous choridean vessels may be distinctly perceived

The depth of color of the roseate field of the bottom of the eye is in proportion to the quantity of pigment deposited in the choroid. Thus in persons of black hair and dark skins, it is deep red, while in blonds it shades lighter, and in the albino is of a delicate rosy hue. It is this disproportionate distribution of pigment in the choroid coat and uvea that accounts for the reddish glow of light in the eyes of albinos, and the confused vision caused by too great a quantity of light passing to the interior of the globe through the iris and sclerotic coat. In such person, the ophthalmoscope reveals the vessels of the chloroid which are paler than those of the retina and more tortuous, with great distinctness. When there is more pigment in the choroid, its vessels are masked in various degrees according to its quantity, by the network of pigmentary lines, which run in every direction through them.

The sclerotic membrane lying outside of the choroid is in most all cases shut off from view by the quantity of pigment in the latter, but cases do occasionally present themselves in which it may be seen. In albinos, for instance, vessels have been seen coursing their way beneath the choroidal vessels in the substance of the sclerotica.

From this slight sketch of the healthy appearances of the structures lying within the ocular globe, and the certainty with which any deviation from the normal standard may be detected, it may be readily conceived of what great advantage a familiar knowledge of the use of the ophthalmoscope is to the surgeon. Before its invention, he was continually groping in the dark, in investigating diseases of the interior stuctures of the eye, and had to depend, for their diagnosis, more upon the exercise of a vivid imagination, than upon the rational deductions from positive knowledge. And, of course, there naturally flowed from an imperfect pathology, an erroneous system of therapeutics.

Lateral or oblique illuminatioh is another plan of investigating diseases of the interior of the eye, particularly those at the front of it, which for the readiness and ease of application, and efficiency of detecting the slightest change in these parts, require some further notice in this place.

The lamp is placed at the side of the patient's head, with its flame upon a level with the eye under examination; the rays coming from the lamp, are then condensed by a double convex lens upon the cornea, iris, and crystalline lens. Search may be made in these portions of the eye, and even as far as the vitreous humor for nebulosities, cataractous opacities, effusions of blood, lymph or pus into the anterior or posterior chambers, crystals of cholesterine, foreign bodies, floating albuminous flakes, in the vitreus humor, and indeed for any other morbid alterations in these parts.

Liebreich first proposed to use a second convex lens to magnify the objects thus illuminated.

[To be continued.]

—— David Maynard, of Clinton, Mass., decided to have a stiff finger amputated, and two doctors went to work to do it, but instead cut off a sound digit, and left the useless one on the hand. Maynard has sued the two doctors, demanding $15,000 damages.

—— Dr. L. L. Miller has given to the Rhode Island Hospital the valuable Library of French medical works belonging to his son, the late Dr. N. Miller. The library numbers over two hundred volumes of rare value.

Medical Societies.

THE AMERICAN MEDICAL ASSOCIATION.

MINUTES OF THE 19TH ANNUAL SESSION.

(Continued from p. 452.)

THE SECTION MEETINGS.

SECTION OF CHEMISTRY AND MATERIA MEDICA.

The Section organized with Dr. James E. Morgan, of Washington, as Chairman, and Dr. Lemuel J. Deal, of Philadelphia, as Secretary.

After some remarks by Dr. Noel of Baltimore, on uræmic poisoning, on motion of Dr. Toner, of Washington, a Committee was appointed to report on the subject.

The Committee, consists of Drs. H. R. Noel, Baltimore, T. Antisel, Washington, and G. D. Beatty, Baltimore.

Dr. J. M. Toner, Chairman of Committee on Cultivation of Cinchona Tree, in the United States, read the report, and after much discussion, the following resolution was adopted:

Whereas, It is known that the supply of cinchona, heretofore received from South America, is steadily and rapidly decreasing in quantity, and,

Whereas, successful attempts have been made at various times to cultivate the cinchona tree in other localities, and,

Whereas, it is believed that the climate and other conditions necessary for its production, exist in this country, therefore,

Resolved That this Association, appoint a committee to memoralize Congress with regard to this matter, urging upon it the great advantages which would result from the cultivation of this plant in the United States.

Committee—Drs. L. J. Deal, Philadelphia; Thomas P. Logan, San Francisco, California, and J. M. Bigelow, Detroit, Michigan. Adjourned.

L. J. DEAL, *Secretary*.

SECTION OF PRACTICE OF MEDICINE AND OBSTETRICS.

The Section was organized with Dr. R. R. McIlvaine of Cincinnati as Chairman, and Dr. C. M. Finch, Portsmouth Ohio, as Secretary.

Dr. Garrish, New York, read a paper on *tsatsin* or *rhynchosa excavata*, as a valuable remedy in dysmenorrhœa, etc.

After much discussion, on motion of Dr. M. B. Wright, of Cincinnati, the paper was referred back to the author, to report more fully next year. Adjourned.

C. M. FINCH, *Secretary*.

SECTION ON METEOROLOGY, MEDICAL TOPOGRAPHY, ETC.

The Section orgnized with Dr. B. H. Catlin, of New Haven as Chairman, and Dr. N. S. Davis, of Chicago, as Secretary.

On motion, the same officers were re-elected for next year.

The Secretary read a communication from Dr. Hamill, for Illinois, asking to be continued another year; granted.

Dr. E. A Hildreth, for West Virginia, read his report on climatology, etc. After much discussion, it was referred to the Committee on Publication.

Dr. T. Antisell, for D. C., read his report, when on motion he was requested to add to his report an analysis of the water of Washington, and the report was referred to the Committee on Publication, adjourned till Wednesday.

May 6, 1868.

Section called to order by the Chairman. Minutes read by the Secretary.

A paper by Dr. W. Percival, of Aiken, S. C., was read by the Secretary, showing the advantages of that place as a residence for consumptives.

On motion it was referred to its author, with a suggestion that it be published in a medical journal.

Dr. N. S. Davis, of Chicago, read a paper on the influence of local causes over the prevalence of epidemic cholera and other bowel affections, with some microscopic examination of the dejections.

A full discussion ensued, and on motion, the paper was referred to the author (at his own request) for publication in a medical journal, and he was requested to continue his inquiries.

The report of Dr. T. J. Heard, for Texas was read by the Secretary and referred to the Committee of Publication.

The report of Dr. D. F. Condie, for Pennsylvania, was read and similarly referred.

Dr. Nelson L. North, of Brooklyn, read a paper on the use of disinfectants for the prevention of Scarlet Fever.

After much discussion, the author was requested to publish it in a medical journal.

Adjourned till Thursday.

May 7.

Dr. Catlin in the Chair. Minutes approved.

Dr. J. C. Peters, of New York, was introduced and gave an account of the lines followed by cholera in spreading from one country to another.

On motion he was requested to furnish diagrams, and a copy of his remarks for publication.

Dr. E. Harris, N. Y., read a plan for procuring more brevity and uniformity in reports on cli-

matology and epidemics, which the Secretary was requested to print and distribute to the members of the Committee on Climatology.

Dr. W. F. Thoms, New York, read a paper "On plans for systematizing the record of meteorological observations, and the prevalence of disease," with diagrams.

On motion it was referred to the Committee of Publication.

Dr. H. I. Bowditch, of Boston, was appointed a member of the Committee on Climatology for Massachusetts in place of Dr. Garrett, who resigned last year.

Dr. Elisha Harris, New York, was appointed a committee to report on the influence of quarantine in preventing the introduction of disease into the United States. Adjourned.

N. S. Davis, *Secretary.*

Section on Surgery and Anatomy.

May 5.

The Section organized with Dr. John L. Atlee, Lancaster, Pa., as Chairman, and Dr. John Shrady, New York, Secretary.

Dr. J. S. Hildreth, Chicago, read the report of the Committee on Ophthalmology, which was referred to the Committee of Publication.

Dr. L. A. Sayre, New York, read the report on treatment of club-foot without tenotomy, and exhibited an apparatus to keep up a constant pressure against the contracted muscles.

The subject was discussed by Drs. F. H. Hamilton, New York, and J. L. Atlee, of Pennsylvania, after which the report was referred to the Committee of Publication.

Dr. C. F. Taylor, of New York, exhibited an apparatus for Treatment of Club-foot.

Dr. J. H. Packard, of Philadelphia, presented "rules for the course to be followed by the bystanders in cases of railroad injury, when surgical assistance cannot be obtained." These were to be placed where such accidents were most liable, etc. They were, on motion, ordered to be printed with the minutes of the Section.

Adjourned till Wednesday.

May 6.

Section called to order by Chairman.

Dr. Gurdon Buck, of New York, described his plan for constructing a lower lip when lost by disease. The paper was referred to the Committee of Publication.

Dr. Washington L. Atlee, of Philadelphia, detailed a case of epithelioma, which returned repeatedly after operations. He put the patient on liq. potas. arsenit. three drops three times a day, which kept the disease perfectly under control; the patient had now reached the age of 80.

Dr. F. H. Hamilton, of New York, exhibited an apparatus for administering anæsthetics.

Dr. N. Bozeman, of New York, read a paper on "Remarks on some of the Operations for Vesico-Vaginal Fistule," and an account of a new self-retaining speculum, and a new mode of confining the patient during the operation. Referred to the Committee of Publication.

Dr. L. Elsberg, of New York, exhibited a case mentioned in his prize essay of a former year, and showed a new laryngoscope.

Dr. W. R. Whitehead, of New York, made some remarks on "The Best Method of Treatment of Cleft Palate," and on motion, he was appointed a committee to report on that subject.

Adjourned till Thursday.

May 7.

Section called to order by chairman.

Dr. Isaac Quimby, of Jersey City, demonstrated his mode of treating Talipes Varus, and was requested to furnish an abstract for publication.

Dr. L. Elsberg read a paper on "The Treatment of Syphilis by Hypodermic Injections."

After much discussion by Drs. Reyburn and others, it was referred to the Committee of Publication.

Dr. A. C. Post, of New York, exhibited a case of aneurism of an enormous size.

Dr. P. F. Eve, of Nashville, read a paper on "A Safe and Effectual Operation for the Radical Cure of Varicocele." Referred to Committee of Publication.

A paper on "Investigations upon Pyæmia, with Observations upon Associated Diseases supervening upon Gunshot Wounds," by Dr. Joseph Jones, of Tennessee, was presented, and after much discussion, was referred to the Committee of Publication, to bring it to the notice of the Medical Department of the U. S. A., with the hope that they would publish it.

Adjourned. John Shrady, *Secretary.*

Section on Psychology.

Section organized with Dr. D. F. Condie, Philadelphia, as Chairman, and Dr. C. A. Lee, New York, as Secretary.

Reports were presented on "Insanity," by Dr. C. A. Lee, New York, chairman, and on "Provision for the Chronic Insane," by Dr. John B. Chapin, Canandaigua, New York, chairman.

After much discussion, the reports were referred to the Committee of Publication.

Adjourned. Chas. A. Lee,
Secretary.

BALTIMORE MEDICAL ASSOCIATION.

Subject—Prolapsus Uteri.

Reported by J. W. P. Bates, M. D.

Dr. Erich read the notes of the following case:

"Mrs. B., æt. 44, the mother of several children, has been suffering from prolapsus uteri ever since her last confinement, which took place nearly seventeen years ago. During the first fourteen years the descent was gradual, and only protruded from the vulva after extraordinary exertions, etc., and would remain in the pelvis after being replaced by the patient's hands. But for the last three years the natural supports of the uterus have been so much relaxed, as to allow it as well as the whole of the vagina, filled above the fundus uteri with intestines, to escape from the vulva, and be suspended between the thighs. The parts could be kept in only by artificial support. When the malady had reached this stage she consulted a physician in Pennsylvania, where she then resided, and he applied some uterine supporter, consisting of a stem pessary, supported by a spiral steel spring, which was secured externally, by two posterior and two anterior straps, to a wide leather belt fitted around the pelvis. Nearly the whole of the intra-vaginal, as well as the external parts of the apparatus consisted of leather. This apparatus being worn out, the leather having decayed, and the steel spring being destroyed by oxidation, she applied to me for advice. Her condition was most deplorable. The uterus had been hanging between the thighs for several months, and was hypertrophied. The whole surface of the os was excoriated, and there were also excoriations on both sides of the tumor, caused by friction against her thighs and clothes.

I ascertained from her that the old apparatus had been anything but comfortable. It had several disadvantages. The belt around the pelvis had to be worn so tight, (to prevent slipping,) as to make it extremely uncomfortable, especially during hot weather; the four straps rubbing against her thighs and buttocks, produced almost as much pain on walking as the presence of the tumor; and being principally of leather, it had absorbed and retained so much of the secretions of the vagina and skin as to become extremely offensive, making the poor woman repulsive to all her friends. The patient positively refusing to submit to an operation for the cure of the prolapsus, I placed her on her knees, and replaced this immense hernia in the pelvis, applied a temporary support of bandages, and directed her to keep in the recumbent position until I could supply her with a support free from the objections she made to the old one. The soft parts being so much relaxed as to make the lower outlet of the pelvis actually wider than the internal space, the application of an intra-vaginal pessary without support was out of the question. Having studied this subject thoroughly during the treatment of a similar case under my care six months previously, I was pretty sure of success. Although I failed in the other case, in consequence of the patience of the lady having become exhausted before my experiments were completed far enough to make her comfortable, I had learned enough by it to enable me to construct an instrument for Mrs. B. Accordingly I applied it on the following day, which after two or three slight alterations in its form, made during the first week after its application, became perfectly comfortable, and answered the purpose entirely. She has now worn it nearly three months, and can walk or do any kind of work without the slightest hindrance. It does not interfere in the least with micturition or defecation. It consists, as you will notice, of the same materials of which I construct pessaries for simple versions and flexions, specimens of which I have had the pleasure of exhibiting to this Association at a former meeting.

Fig. 1.

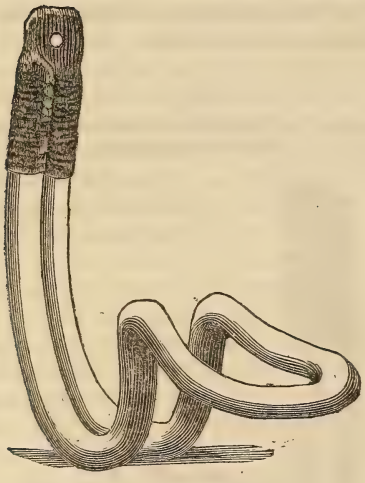
The pessary used in the case related, with the gum bag over pessary proper.

A piece of No. 12 tinned iron wire is bent to the proper shape, and a piece of vulcanized gum tubing, half of an inch external diameter, is slipped over it. I select so large a size of tubing

in order to distribute the necessary pressure over a large surface. I slipped over the whole of the pessary proper a gum elastic bag. The anterior face of the pessary, as well as the descending portion of the stem, rest against the internal surface of the pubes, and the two branches are sufficiently separated to avoid undue pressure on the urethra. The ascending portion passes over the pubis, along the linea alba, and is supported by means of a cord fastened to the patient's corset, or any other part of her under-garments, offering an unyielding point of support. It is evident that this pessary cannot slip out of the vagina, or change its position materially, so long as its anterior face is lodged behind the pubes, and that the point to which it is fastened would have to yield fully two inches before it could descend far enough to pass out of the vagina. I am convinced from my experience in these two cases, that a corset with shoulder-straps, or any other part of a lady's under-garments suspended from the shoulders, furnishes a

Fig. 2.

The same without the covering.



more secure and decidedly more comfortable point of support than a belt around the loins. As the whole surface of the instrument consists of gum tubing, it is not liable to be affected by moisture, nor will it become offensive in consequence of absorbing and retaining the secretions of the vagina. Although strong enough to resist any pressure to which it may be subjected in situ, still it can be moulded by the hands of the physician, without the aid of tools, to adapt it to the peculiarities of the case. It can be easily removed and replaced by the patient. It presents a surface almost as soft as flesh, which is quite important with aged ladies, who are generally the subject of this malady."

Fig. 3.

The ascending portion of the stem, and the mode of suspension.

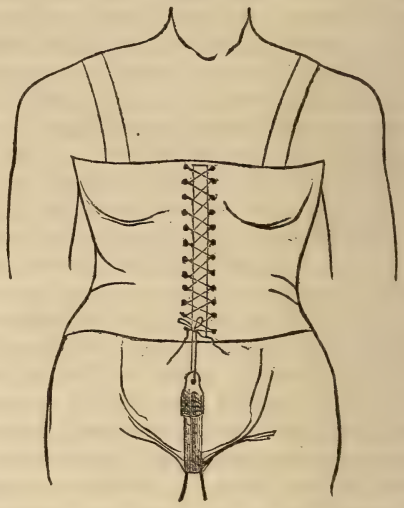
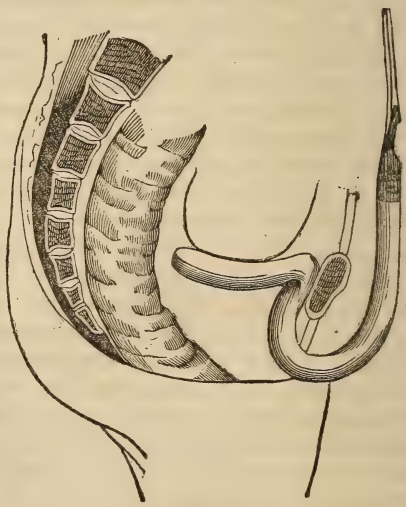


Fig. 4.

In situ.



The lady with the pessary in situ was presented to this Association, and the members expressed themselves highly gratified with the result. The patient seemed to prize her pessary very highly, and said that it did not produce the slightest uneasiness.

Dr. Arnold inquired if Dr. Erich had ever

used the same kind of pessary in prolapse of the bladder?

Dr. Erich. I had one case of that kind, which was not very bad, and I accomplished my purpose by means of a ball of cotton. I have no doubt the same pessary would answer, but I do not think it need be so large.

Drs. Cox, Williams, Helsby, Morgan, Jones, and others, made remarks upon the treatment of this troublesome class of cases, and complimented Dr. Erich on the skill he exhibited. The accompanying figures will make the form of the pessary more intelligible.

Editorial Department.

Periscope.

Chloroform in its Medico-Legal Relations.

We have several times recently adverted to the popular ignorance on the subject of the employment of chloroform for criminal purposes. We therefore take occasion to translate from the last (April) number of the *Prager Vierteljahrschrift für die Praktische Heilkunde*, the following remarks on the subject, compiled from various sources:

"The medical jurist is called upon to give opinions in cases of crime, accident, and suicide. Chloroform is peculiarly adapted to murder. Especially can it be employed in infanticide. Ether does not act so promptly, and is much more uncertain. Latterly, a substance has been discovered in America, which takes away the consciousness with the greatest rapidity, and leaves a persistent obscurity of the memory after its immediate effects pass off. This is keroselene, or keroforme, a product of the distillation of petroleum. It would be particularly adapted to criminal purposes.

"If anæsthesia is produced voluntarily, it approaches more rapidly; if it is opposed, the effects are delayed, and signs of a struggle would be plainly visible. Instances are recorded where anæsthesia was produced during sleep by both chloroform (Herrgott) and ether (Bouisson).

"Particular importance is attached to these agents in assaults on females. The expert has here to examine the signs of violence, and also the alleged anæsthesia. The assertions of the plaintiff must be accepted with caution. In 1847 a dentist was condemned in Paris, on the accusation of a young girl that he had deflowered her when under the influence of ether, but was still conscious. It is an important question, *how far the memory can be retained during anæsthesia?* No doubt that when anæsthesia is complete, the memory is wholly inert. But in fact, it disappears even prior to consciousness. A person under chloroform hears, speaks, seems to understand, but when he wakes, has forgotten all that he said or heard. Sedillot says, the memory is often lost after the first few inspirations. The mind usually recurs to those ideas which occupied it immediately before the anæsthetic was taken.

"In respect to the recovery of consciousness, great differences prevail. Generally it is subsequent to the recovery of sensibility. Dreams, during a period of partial anæsthesia, are frequently taken for realities. Thus there is an instance of a woman who maintained that a surgeon had debauched her, while several witnesses had been present all the time.

"Chloroform is often used for self-destruction. But sometimes as much as four ounces have been taken for this purpose without effect.

"The proof of anæsthesia having taken place is attained by three means:

"1. The chemical. The smell of chloroform disappears rapidly. In about an hour it is lost on clothing, and on a handkerchief in about fifteen minutes. When impure, the scent is more permanent. So the breath soon loses all trace of it. In from two to three hours after administration it is no longer perceptible. To test expired air, about ten litres of it should be caught in a caoutchouc balloon. This should then be forced through a porcelain pipe at red heat into a vessel containing a solution of nitrate of silver. By the addition of nitric acid, the carbonate is set free, and a quantity of chlorine remains, from which the amount of chloroform can be determined. The breath of a woman who had been under chloroform half an hour, showed no trace of it after three hours; the breath of one who had taken it for twenty minutes, gave a distinct reaction after an hour and a half. It remains in the blood only a very short time after administration. After death, its odor is very perceptible in the body, especially in the brain and nervous system.

"2. Symptoms. These disappear so rapidly that they have little forensic value.

"3. Anatomical characters. The characteristics of death by chloroform, are pallor of the countenance, dilatation of the pupils, rose-colored spots on the extremities, slight cyanosis, injected base of the tongue, congestion of lungs, emphysema, soft heart, slightly injected pia mater."

Rationale of Arsenic in Skin Diseases.

The *Scientific American* suggests that arsenic acts in skin diseases by poisoning the parasites, now *supposed* to be their cause. It says:

"Arsenic, and its oxides, arsenious acid, As O_3, arsenic acid, As O_5, and its salts are all highly poisonous. When taken into the stomach they are not assimilated, but are absorbed and distributed through the entire system. When taken in extremely small doses, no inconvenience is felt by the patient; it is eliminated as fast as it is supplied. But if the dose be increased, poisonous effects will be produced, because the system cannot clear itself of the noxious matter with sufficient rapidity. The eyelids present a puffed appearance, which is an indication that the remedy has accumulated, and that its further administration would inconvenience and endanger the patient. Now at this stage the poison is equally distributed, in a state of extreme subdivision, and its elimination takes place largely through the pores of the skin, each of which is a nidus for a parasitic growth, and here becoming mixed with the pabulum which nourishes the parasite, it, by actual poisoning, destroys the cause of the mischief."

Crew's Spread Mustard Plaster.

The great value of the mustard poultice as a rubefacient in cases requiring rapid counter-irritation is universally admitted, but the inconvenience of applying them is often very great, especially when the patient is not in bed. Several attempts have been made to prepare a portable and permanent mustard plaster, of which the "papier sinapisé" of M. Rigollet (see page 276 of this journal) is an example. We have also seen a translucent paper called "Cooper's sinapism tissue," or mustard paper, which appears to owe its rubefacient power to capsicum, and is not entitled to the name of mustard paper, both tasting and smelling of cayenne pepper. Our attention has been directed to this subject by an examination of the mustard paper of Benjamin J. Crew, who has been for some time past engaged in working out the problem of an *efficient* and *portable* mustard plaster. This he has succeeded in doing perfectly. The mustard in substance forming a uniform layer on the paper, sufficiently pliable, adheres firmly, and when dipped in water, is ready for application in half a minute, adhering sufficiently to be easily retained in position with a bandage. Applied to the arm, its action was sensibly manifested in three minutes, with the usual symptoms of good mustard. As the preparation retains its power unaffected by age, so long as it is kept dry, it will be found exceedingly valuable in all cases where a rubefacient is indicated, and convenient for travellers and country physicians, as well as in families.—*Amer. Journal of Pharmacy, May*, 1868.

Cultivation of Jalap.

Mr. D. Hanbury, F.R.S., who read a paper a short time since "*On the Cultivation of Medicinal Plants*," at the Pharmaceutical Society, mentioned that he had very recently dug up a root of jalap from his father's garden, at Clapham, which was planted last June twelve-month. It had remained in the open ground during the winters of 1866 and 1867. One tuber had produced six large tubers and twenty-four small ones. He thought it grew better in the open air than under glass. Unfortunately the flowering was too late for the seeds to ripen. This circumstance goes far to prove that jalap might be cultivated in Europe with ordinary attention.

In reply to the Chairman and Mr. Morson, Mr. Hanbury said that he was not prepared to speak of the properties of the jalap, not having tested it sufficiently.

Reviews and Book Notices.

NOTES ON BOOKS.

Two valuable English journals are the "*Journal of Mental Science*," and the "*Quarterly Journal of Microscopical Science.*" The former is edited by Drs. C. L. Robinson and Henry Maudsley, the latter of whom is favorably known by his recent work on the Physiology and Pathology of the Mind. The latter, while chiefly occupied with natural science, strictly so-called, not unfrequently contains much that is of interest to the pathologist and physician.

Dr. A. Metz, of Massillon, Ohio, has now nearly ready his work on the Anatomy and Histology of the Eye. We have the advance sheets before us now, and feel secure in saying that there is no work in the language which surpasses or even equals it in completeness. It will be found indispensable in the library of every ophthalmologist. It is very handsomely printed on heavy white paper, with numerous original illustrations by one of the most skilful artists of Philadelphia. Dr. Metz has studied the subject with great diligence and success, as every reader will acknowledge. It will be ready in a few weeks, and orders can be sent for it at any time to this office.

The latest British medical publications, are a

Prize Essay on Vaccination, by Dr. BALLARD, (8vo., pp. xv. 391, LONGMANS, 12 sh.) This is the prize essay to which a prize of £100 was awarded by the adjudicators of the Committee of the Ladies' Sanitary Association. It treats of the values and alleged dangers of vaccination. Dr. FENWICK, On Morbid States of the Stomach and Duodenum, and their Relations to Diseases of the Stomach and other Organs, (8vo., pp. xv. 390, CHURCHILL, London, 12 sh.) Dr. OPPERT, On Visceral and Hereditary Syphilis, with special reference to Measures of Public Hygiene, (8vo., pp. xvi. 100, CHURCHILL, London, 5 sh.)

Dr. EDWIN M. SNOW, the City Registrar of Providence, R. I., has prepared the second number of the "Alphabetical Lists of the Names of Persons Deceased, Born, and Married, in the City of Providence." It is printed by the city, making an octavo pamphlet of 76 pages. We cannot sufficiently commend the beautiful statistical labors of Dr. SNOW, and desire to call the attention of all interested in this important branch of State-medicine to their system and accuracy.

We also acknowledge the receipt of a copy of the Second Annual Report of the General Hospital of the Insane of the State of Connecticut.

The Myths of the New World: A Treatise on the Symbolism and Mythology of the Red Race of America. By DANIEL G. BRINTON, A. M., M. D., etc. New York: LEYPOLDT & HOLT, 1868. One vol., 8vo., cloth, gilt, pp. viii. 307. *Price* $2.50.

This book is an attempt to analyze the religious notions of the American Indians in both North and South America, and to show how these notions coincide with the earliest forms of belief everywhere. It is rather a study, therefore, in general anthropology, than an antiquarian work.

The first chapter mentions the principal ethnological divisions of the Indians, and the peculiar traits of material culture that characterize them. The next treats of the ideas of divinity in general found among them. Here the author denies the recognition by the natives of any one Great Spirit, or of any Evil Spirit. The third chapter displays the universal sacredness of the number *four* throughout the continent, and traces it to the adoration of the cardinal points. The symbols of the bird and the serpent, and their meanings, are examined next. Then many myths connected with fire, water, and the thunder-storm, are spoken of. The Supreme Gods of the various tribes are subsequently analyzed and shown to be impersonations of *light*. In the seventh chapter the frequency of an account of the deluge among the Indians, is explained on rational grounds. The origin of man, as related by the natives, forms the subject of the following chapter, and after it, their views of the soul and its destiny, and the native priesthood, are reviewed. The work closes with an investigation of the influence of the native religions on the moral and social life of the race.

Though the views advanced are in many points novel, they seem based on a careful examination of authorities, and will be found of interest by students, either of American history or the development of religion.

Die Optischen Fehler des Auges mit ihren Folgen, Asthenopie, und Strabismus, von JOHN ZACHARIAH LAURENCE, F. R. C. S., M. B., etc., aus dem Englischen ins Deutsche übersetzt und mit erweiternden Zusätzen versehen von Dr. AUGUST KARST, practischer Arzt zu Kreuznach. Mit 35 in den Text gedruckten Holzschnitten. Kreuznach: R. Voigtländer. 1868. One vol., 8vo., paper, pp. 163.

Mr. LAURENCE'S treatise on *Optical Defects*, which was published in England in 1864, met a want which had long been felt by the profession, both there and on the continent. As he himself justly observed, professional oculists had contented themselves with a very superficial knowledge of the laws of optics, the refraction of light, and the mathematical powers of lenses. These matters had been left too much to the mechanical optician, who in turn was ignorant of the pathology of the visual organs. So the treatment was, in great part, purely empirical.

Prof. DONDERS, of Utrecht, was the first to show the value—in fact, the absolute necessity—of a thorough acquaintance of the laws of optics in the treatment of eye affections, and from him Mr. LAURENCE derived many of his ideas. The subjects he treats are physiological and pathological optics, myopia, hypermetropia, astigmatism, presbyopia, paralysis of accommodation, asthenopia, and the connection of convergent strabismus with hypermetropia.

This work, now well known to English ophthalmologists, well merited a translation into French and German, both of which it has received. The present one, at the hands of Dr. KARST, is carefully done, and well illustrated, as well as enriched with some additional matter by the author, and a description of JAVAL'S binocular optometer, remarks on paralysis of the oculomotorius, various cases, etc., by the translator. It is well printed, on excellent paper, and we heartily recommend it to our German friends.

Medical and Surgical Reporter.

PHILADELPHIA, MAY 30, 1868.

S. W. BUTLER, M.D., & D. G. BRINTON, M.D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require as little revision as possible.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

"A MODERN LETTRE DE CACHET."

Insanity, in its various phases and relations, offers a fruitful theme for penny-a-liners and sensational writers generally. The subject is attractive, and very shallow drafts on the imagination will make it readable. As visitors to institutions for the insane generally go expecting to see and hear unutterable things, and are more anxious to hear wails of anguish, to see dishevelled hair and clanking chains, to hear of "the peculiarities" of the patients, and see "your very worst cases," than they are to learn of the improvements in their treatment and management, and as they are quite disappointed if they pass through an institution and find all quiet and orderly—so a writer for the public press entirely fails of his object, if, in preparing an article, he cannot fill in and point his periods with something of the kind referred to. We once heard a reporter for the public press remark to a superintendent of an institution for the insane something to this effect, "It's useless to visit this institution now-a-days, there's nothing to write about; I used to come often, and always found plenty to say."

Such being the public taste and expectation on the subject, it is perhaps scarcely to be wondered at, that a literary magazine which has of late shown such an increasing penchant for "the second best" in literature, should have admitted to its columns such an article as is found in the *Atlantic Monthly* for May, under the caption, "A Modern Lettre de Cachet." The article—which contains some evidences of having come from the pen of a lady—appears to have been written to fit the title. "Lettre de Cachet" is a taking caption, and insanity is a fruitful theme from which to draw to fill up the bill of items.

The animus of the article is objectionable. It abounds in offensive charges and innuendoes—which are utterly incapable of proof—against medical men, both in private practice and as superintendents of hospitals for the insane, against the trustees and managers of such institutions, and against the judges of our courts. It makes assertions which are utterly unsupported by fact, and assumes positions that are entirely untenable. Such, for instance, as that superintendents of institutions have "*no power to discharge an inmate, no matter how long his cure has been established, without the consent of the friends who placed him there!*" (Italics in the original.) Where, we would ask, are the "legion" of "private mad-houses" "whose doors are forever closed against the general public" at which such horrible outrages as the writer's imagination has conjured up, are enacted? Who is that "distinguished member of the Philadelphia bar" who has "been engaged during the past year" in *six cases*, "where there had been imprisonment for alleged insanity, and release effected only after long confinement and tedious efforts"? We doubt whether, in the whole commonwealth of Pennsylvania, six cases altogether have *ever* been discharged by process of law from institutions for the insane, and challenge proof that there have.

The instances given by the writer do not support his (or her) allegations of confinement without cause. The most notable case, that of Morgan Hinchman, which is often quoted as an instance of the incarceration of a sane person in a hospital for the insane, it is claimed by competent medical testimony, was, for a time at least, a fit subject for treatment in such an institution. Because insane persons are often cured while under proper restraint and treatment, and are afterward competent to attend to business, it by no means follows that they were improperly put under restraint and treatment.

One instance cited by the writer in support of his article came under our personal supervision, and we have had no reason to revise our original opinion of the case. The writer places Dr. KIRKBRIDE in a false position in this case. He did *not* pursue the course attributed to him, but though fully satisfied that the patient was under proper restraint, he, on his own responsibility, and by virtue of his own authority, and not "by calling the attention of the court to the subject," permitted the friends of the patient to take her out during a prolonged absence of her husband from the city, on their assurance that they would take care of her. Her case was brought before the court *after her discharge*, on her own motion, and that of a brother, in order to get possession of two of her children, but after a long and patient investigation—in which her brother and friends heartlessly forsook her, not one of them, as far as we observed, supporting her by their presence—the case was decided against her, though she had the advantage of the earnest and faithful services of able counsel, who, if he received any fee at all, we presume received it from her husband.

Even the the action of the Pennsylvania State Medical Society, and of the Commission appointed through its influence, are placed in a false light. The investigations of the Society and Commission in question was into the abuses connected with the management of the insane in the *county almshouses*, and *not*, as is made to appear, in the hospitals. The object aimed at by the Society was the establishment of one or more additional hospitals for the amelioration of the condition of the insane.

The writer affects "profound respect" for the medical profession and for the judges of our courts, and yet the whole drift of the article is an attack upon the honesty, not to say humanity, of some of the most distinguished physicians and judges in our State not only, but in the land.

We have no wish that there should be recklessness, or even looseness in the matter of confining persons in hospitals for the insane, and yet we do not know where there is a superintendent of such an institution, who would keep a person a day—no, not even as this writer outrageously insinutes, for the consideration of "nine to thirty dollars a week" for board—after he was satisfied that he was not insane, and a proper subject for treatment on account of insanity. The superintendents of our hospitals for the insane would be very glad to coöperate with Boards of Commissioners for the Insane, if our State Legislatures choose to appoint such boards, but while our hospitals are so well managed, they will hardly be in haste to burden the State treasuries with the additional expense. As to affidavits, or the certificates of two physicians, or any other guard that can practically be thrown around certificates of insanity, no one objects to them. They are required in some States, and we believe give satisfaction.

In conclusion, we would call the attention of the writer of "A Modern Letter de Cachet," to another subject unfortunately rather tragical than simply sensational, with which he might regale the readers of the *Atlantic Monthly*. Within a month of the the time of the appearance of that article, full half a dozen cases came under our observation of homicides, suicides, and casualties committed by, or happening to insane persons for lack of a "Lettre de Cachet" to commit them to the humane care of a hospital. For instance,—one man in a fit of insanity, threw his children, three or four of them, into a well, and then committed suicide. In Missouri, an insane man entered a house, seized a piece of iron, and threw it at a child, striking it on the head and fracturing its skull, and then seized another child, who was sick, and lying on a bed, and dashed it against the wall. In Oneida co., New York, a half-witted individual committed a brutal assault on a little girl eight years old, and murdered her. In Indiana, an insane woman, in an almost entirely nude state, who had for some time been wandering about in a demented condition, was run over by a train of cars and killed. Two or three other cases occurred about the same time, the details of which we cannot now recall. It is but a few months since a member of Congress was murdered in Ohio, by an insane son, and a father was murdered in Poughkeepsie, New York, (we believe it was,) by a

son who was insane. And just as this number is going to press, comes the horrible story of an insane woman in New Jersey attacking her family with an axe, wounding her three children—one of them being an infant in the cradle—and her husband, in an attempt to kill him. Also another, in which a man in Brooklyn, in a fit of insanity, assaulted his wife with a club, and fractured her skull, which will cost her her life. Similar cases, in which "Lettres de Cachet" would not be amiss, are continually occurring. What a subject for a sensational article!

Probably not one of the parties in question would have been pronounced insane by the writer in the *Atlantic Monthly*, even though his insanity had been certified to by a respectable physician.

"PERMANENT MEMBERS" of the AMERICAN MEDICAL ASSOCIATION.

At the late meeting of the American Medical Association an important amendment was adopted, requiring all permanent members who desire to maintain their connection with the Association, to pay the annual assessment of five dollars. The payment of this sum insures to the member a copy of the transactions of the Association for that year, which will be sent to his address.

If the regulation is strictly adhered to, it will, without doubt, solve the financial question which has, for so long a time, been a source of so much embarrassment to the Association. If a volume of Transactions is sent forth annually that is worth possessing, it alone will be an equivalent for the amount charged for maintaining a membership in the Association.

We trust that there will be but few who will relinquish the honor of membership in this body which is annually growing in importance, for the lack of the small sum required, especially, when it also secures a volume which always contains a large collection of valuable contributions from some of the leading minds of the profession. It is important that remittances be made to the Treasurer as early as possible, in order to guide the Committee of Publication in regard to the size of the edition of the Transactions that it will be necessary to issue. The Treasurer is Dr. Casper Wister of this city. Funds transmitted to us for the purpose will be forwarded to Dr. Wister.

Notes and Comments.

Dr. Elliotson.

The English papers record the death of the celebrated and erratic Dr. John Elliotson. He was a man of great learning and skill, but made himself more widely known to the general public by his devotion to mesmerism than otherwise. He took an active part in founding a mesmeric hospital in 1849, and subsequently not only wrote an octavo on "Surgical cases performed on Subjects rendered insensible by Mesmerism," but started a paper called the *Zoist*, devoted to this topic, and the allied pseudo-science of phrenology.

These vagaries should not blind us to his real merits as the first to introduce the use of quinine, hydrocyanic acid, and creosote, into English practice, carbonate of iron in chorea, and many improvements in auscultatory diagnosis.

The Vicksburg Medical Society.

The regular Physicians of Vicksburg, Mississippi, having organized themselves into an Association, to be known as the "Vicksburg Medical Society," for the purpose of mutual interchange of ideas and the advancement of medical science, are desirous of opening correspondence with Societies of a similar nature, or with individual members of the regular profession unconnected with such organizations. They extend an earnest invitation to all such to correspond with them freely, upon any and all medical and scientific topics of interest to the profession at large.

Communications should be addressed to the Corresponding Secretary, Dr. P. T. Whitehead.

Spiritualism.

Prof. Pepper has been doing, this last winter, a great work, in lectures before the London Institute. Besides explaining the latest discoveries in electro-magnetism, light, etc., he discoursed on spiritual manifestations, pointing out the extensive impostures that have been practiced on the public in the name of mesmerism and spiritualism. He illustrates his lectures with startling illusions, such as the floating in the air of hats, tables, and even stout ladies. He does not only every thing that ever spiritualists have pretended to do, but a great deal more; with this difference, however, that he explains how it

is done by well known natural and material means, whereas spiritualists pretend that they do it by unknown, supernatural and spiritual powers.

Correspondence.

DOMESTIC.

Cod-Liver Oil.

Editors of the Medical and Surg. Reporter:

The interest I have taken in cod-liver oil as a remedial agent has caused me to make inquiries among my medical brethren respecting their experience in its use for the treatment of morbid conditions of the body. I have found that a great portion of those with whom I have conversed have rejected the use of the oil altogether, because they could not induce their patients to continue it.

In extending my inquiries, I have invariably found that oils of an inferior grade have been used. There is not anything so disgusting to a sensitive stomach as an inferior grade of cod oil. I observe that the number of manufactories have greatly increased, and many of them advertise very extensively. The greater part of these venders' chief aim is to make the largest possible profits out of their oils, irrespective of quality. I have used nearly all the oils in market, and have experimented therapeutically with them. I find exceedingly few of the many brands of any value at all as reliable remedial agents, and still fewer of them that are readily digested by a weak stomach. The value of the oil is in proportion to its easy and ready digestibleness, and its agreeableness to the patient.

The majority of physicians who order cod oil appear to make no distinction at all among the several brands, and seem to take for granted that all the cod liver oils in market are of equal value. This is a great error, and needs a timely correction. At the rate at which cod-liver oil is losing its hold on the confidence of the profession at large, it will be but a short time when its use will be confined only to a very few. The great value of the pure and well prepared oil is beyond estimation. I am confident that in localities where a good and pure article is in use, that the per centage of mortality from disease is less than where the oil is rejected. This fact is well worth our serious attention, and it is of great moment that the profession be put right on this subject. That cod-liver oil is the best tonic we have is beyond all question. So also that nine-tenths of chronic diseases are the result of imperfect nutrition, that three-fifths of acute cases linger on the same account, and that three-fourths of the mortality of all cases is due to the same cause. Hundreds of cases die every year that might have been saved by the timely use of cod oil. I say cod oil is not used frequently enough, and is not as popular as its merits deserve. For my part, I could not practice medicine without cod oil.

I have used nearly every brand of oil that is manufactured in the United States, and have found but one brand that really suits me. In the city of Philadelphia is a firm whose oil is of remarkably fine quality, and which is readily taken by the most fastidious. I refer to John C. Baker & Co. I have no axe to grind, nor do I know that Baker & Co. have. I feel that it is only an act of justice to the profession through the northwest, that they be put upon the right track, so far as pure and pleasant cod oil is concerned. This section of the country is flooded with immense quantities of inferior oil on which large profits are made by the retail druggists. I find that they will not sell Baker's oil, because they cannot make as much on the bottle as they can by the sale of others. I am confident that if physicians will insist on having Baker's cod oil, and use it in lieu of the nasty, trashy stuff usually palmed off on them, they will soon come to prize cod oil as an exceedingly valuable agent, and one not supplied by any other remedy.

It is a matter of query in my mind, why Messrs. John C. Baker & Co. do not push their oil out to the west.

I have often seen or noted the relative value of the different oils on the same patient. Those who have been taking Baker's oil, are able to detect another brand, even when put in Baker's bottles. I find his oil to digest more readily, and that weak stomachs are able to overcome their repugnance to cod oil when put on his. These are important points, and well worth our attention.

I observe that the Reporter has a large circulation in the west and south, as well as in the east, and that these facts will reach a large number of my brethren. I believe that the profession would be doing both themselves and their patients a justice to insist on obtaining the oil manufactured by John C. Baker & Co., Philadelphia Pa.

Joseph Adolphus, M. D.

Logansport, Ind., May, 1868.

Propriety of Cæsarian Section in Deformed Pelvis.

Editors Medical and Surgical Reporter:

On the 24th of April I was called to see Mrs. L., a primapara, of German descent, aged about 22, who was in labor; her pains were not regular nor strong. I left her and ordered them to send after me if the pains should get strong and frequent. On the 25th a messenger came, stating that she was worse. Upon my second visit I found her in considerable misery, but still no bearing down pains. After making an examination, I found that the antero-posterior diameter of the pelvis did not exceed two inches; os uteri rigid. As the pains were not of an expulsive character, I waited until next day (26th), and found things in no better condition, I informed her husband of her condition, and advised him to call in another physician, which he did. After due examination, it was agreed upon to perform cephalotomy. This was found almost impossible, owing to the faulty pelvis. After working with all our ingenuity for about fifteen hours, we succeeded in getting the head away by pieces. The os uteri being so firmly contracted on, or around the neck of the child, we could do nothing more, which we communicated to her friends, proposing the Cæsarian section. They proposed sending for an old physician first, which was agreed to; and he came about 8 o'clock in the morning (27th). He was opposed to Cæsarian operation. After an examination, he found the os uteri had relaxed, and he made a desperate effort at delivery with a blunt-hook, but to no purpose. He then inquired for a piece of rope, on being supplied, he succeeded in getting it around the other arm of the child, the woman being under the influence of chloroform, he and the first counsel made steady forcible traction, which they continued until the body of the child was at last delivered, which they held out as proof of their skill. The placenta was delivered without much trouble. The abdomen of the woman was quite tympanitic. She died on May the 2d. Now, must similar cases be treated in the same way? I have not known a case in all my professional life in which the Cæsarian section was resorted to in deformed pelvis. All whom I know to have had children taken from them by piecemeal have died or had subsequently vesico-vaginal fistula. What can one man do when two or three old physicians are against him, when they are called in as counsel? Must he back out quietly and say nothing? or is it his duty to inform the patient's friends that he is certain that the course that is being pursued will certainly destroy the child, without adding anything to the safety of the mother?

I hope you will give your opinion as to the proper treatment of the above case, as it will no doubt be of advantage to many physicians.

M. D.

Ohio, May 5, 1868.

News and Miscellany.

Remarkable Mineral Spring.

At the Pharmaceutical Society, says the *Chemical News*, Professor Attfield read a paper "*On the Analysis of the Water of a Remarkable Medical Spring in Jamaica*," which he had received for analysis in May, 1867. It had been sent from Jamaica with the statement that thousands of the negroes had for weeks flocked to the spring, thinking it was a cure for all diseases. It was clear, inodorous, and strongly alkaline to the taste, its specific gravity being 1026.6. An imperial gallon contained 2493½ grns. of solid matter, which is about the average amount of saline compounds in sea water, but the author thought that spring water containing so much mineral matter had never been known. The constituents in one gallon were:

Chloride of calcium,	1510.00 grs.
Chloride of sodium,	981.00 "
Chloride of ammonium,	2.43 "
Water,	69368.57 "

So that a gallon contained about 3½ oz. of chloride of calcium, 2 oz. of salt, and 2½ grs. of chloride of ammonium. Dr. Attfield had tested it for sulphates, nitrates, carbonates, potassium and magnesium salts, bromides, iodides, fluorides, sulphides, phosphates, nitrates, silicates, borates, and a number of other salts, but found none, and animal and vegetable matter were also absent. The proportion of chloride of calcium he believed to be unprecedented. There was another spring in Jamaica of a thermal character, which contains 105 grs. of chloride of calcium to the gallon; the saline and chalybeate water of Harrowgate contains between 120 and 130 grs. of chloride of calcium; and the water of the Dead Sea, 25 per cent. of which was stated to be solid matter, also contained a little chloride of calcium. The gases dissolved in the water were small in amount—one gallon contained 3.33 cubic inches of nitrogen, 1.55 of oxygen, and .50 of carbonic acid. In sending the result of the analysis to Jamaica, Dr. Attfield asked the proprietors of the estate to send him some information on the history of the spring and topography

of the district, thinking it would be of geological as well as chemical and physiological interest. From the report he had received it would appear that the water had been used for medicinal purposes upwards of forty years. The negroes believed it a cure for every disorder, but it was chiefly used for scrofulous affections, glandular swellings, etc. The author quoted from PEREIRA's statement of the therapeutic action of chloride of calcium, which shows that it is most useful in those diseases for which the negroes have recourse to the medicinal water. The spring is 68 feet above the sea level, and 76 chains from it; temperature, 82° F.; and it makes its appearance in the diluvial gravel that nearly fills a small brook known as the Saint Ann's Great River. Dr. ATTFIELD presumed it was of volcanic origin.

Physicians and Land Bounties.

The editor of the *N. Y. Tribune* has received the following note from the Commissioners of the Land Office:

"SIR: In reply to your letter of the 13th instant, containing a printed slip which states 'that physicians who were called into service after Gen. POPE's defeat, and were professionally engaged on the field or in hospitals, and received no compensation, are entitled, under a recent decision of the Land-Office, to 160 acres of public land,' and asking if such a statement is true, I have to state that there has been no such decision made by this office.

"There has been no law enacted granting land or authorizing the issue of land-warrants to any person who was in the land or naval service of the United States during the recent civil war.

"*General Land-Office, May* 15, 1868."

Cure for the Cattle Plague.

Chloride of copper is now extensively used in Germany against the cattle plague. The practice is to dissolve eight grammes of crystalized chloride of copper in two kilogrammes of alcohol, and with this solution to wet a pad of cotton, which is then laid on a plate and burned in the centre of the stable, the heads of the animals being turned toward the plate so as to breathe the fumes. This operation is performed morning and evening; one pad is burned for every three head of cattle. The solution is also administered internally, with the addition of fifteen grammes of chloroform for the above named quantity. A teaspoonful of this liquid with each animal's drink three times a day.

The American Medical Association. A Lady in the Gallery.

The *Independent* has a lady correspondent at Washington, who it seems was attracted to Carroll Hall, to the meetings of the American Medical Association. A few extracts from her letter will not be uninteresting.

"On the platform stands a simple table, beautiful with bouquets, surrounded by gray-haired savants, while hundreds more, bald and wise, fill the hall in learned convocation. These are the members of the American Medical Association, now holding its nineteenth annual session in Washington. This is a body of men more marked and remarkable in learning and intellect than even the United States Senate. The Association has six hundred members, embracing the most learned and distinguished members of the medical profession in every part of the land. The chiefs and professors of medical colleges, the editors of learned medical journals, discoverers and practitioners in medical art are here; and, in consideration of what they are, are interesting to behold. At the table sits the President of the Association, Dr. S. D. GROSS, of Philadelphia, a distinguished surgeon; a tall man, with gray hair and noble head, whose face is remarkable not only for its intellectual outline, but for its expression of absolute benevolence. To glance at him, one would say that he was a rapt divine, or a serene philosopher who had spent his life in calm contemplation of the beautiful and the good, instead of a man who has won a wide reputation by the skilful use of instruments of torture, and by the surgeon's knife brought help and health to suffering mortals.

* * * * * *

Next to theological comes medical intolerance, next to it in intensity and in tenacity. Among the most enlightened and benignant men of every age have been great and good physicians; yet, as a class, they are jealous of their prerogatives and the foes of innovation. This makes more significant the fact that, on the first morning of this Medical Convention, the "Committee on Medical Ethics on Consultation with Female Practitioners," ended its report with the following resolution: That in the opinion of this meeting every member of this body has a perfect right to consult with *any one* who presents the only presumptive evidence of professional abilities and acquirements—viz., a regular medical education.' The caste of sex will be the last to die out of this fallen world. Thus, when a body of learned doctors of medicine can rise above the arrogance of ages of precedence and the pride of sex so far as to give a negative welcome to the feminine element as an added power in the healing art, we may be sure that the world moves, and that the human race is running onward, even faster than it is running out. To be sure, it was only a negative welcome—not over genial, nor at all hearty. But that it was a welcome at all, presages the future welcome, which will be strong and complete as a strong man's can be; and proves that woman, with all extraneous odds against her as a physician, has already raised herself

above ridicule and contempt. Dr. John L. Atlee, of Pennsylvania, in a powerful speech, advocated the recognition of female practitioners by the Association. 'In other countries women had achieved the highest honors as medical practitioners; and he thought that what could be done in France and Germany could be honorably done in the United States.' It was as brave and earnest a speech as man ever made for woman. But the opposite opinion defied its enthusiasm, and opposed any special legislation on the subject. It was just as well that the matter should be left to public support. The success of the woman physician, after all, does not depend upon the official recognition of medical conventions; but upon the underlying fact of demand and supply."

Preservation of Meats.

M. Martin, of Paris, has made some experiments upon the preservation of meat by means of ether. He placed in six tin boxes uncooked beef, surrounded by little tufts of cotton wool soaked in sulphuric ether; the boxes were then soldered tight, and exposed to the rays of the sun. Every three months a box was opened. Each piece of meat weighed a kilogramme. At the end of three months there was no alteration either in weight or form. The meat thus preserved does not undergo the putrid fermentation; it is strongly impregnated with ether, and the odor remains after numerous washings with cold water. When cooked, the meat possesses a peculiar savor, probably due, M. Martin says, to the formation of a new ether; the fibre is disintegrated. The process is not applicable to the preservation of food, but other animal matters might perhaps be advantageously treated by it.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

Cooper—Caskey.—May 5th, at the residence of the bride's mother, by the Rev. Toliver F. Caskey, Dr. Wm. C. Cooper and Miss Emma J. Caskey, both of Harrison, Ohio.

Emory—Agge.—In New Brunswick, N. J., May 12th, by the Rev. H. A. Harlow, of Florida, N. Y., John C. Emory, M. D., of Lansing, Mich., and Miss Mary Agge, of Salem, Mass.

Golding—Crozet.—May 15th, in St. Paul's Church, Newport, Ky., by Rev. G. D. E. Mortimer, Dr. Walter Golding, of St. Louis, and Mrs. Josephine A. Crozet.

Lamb—Scott.—May 20th, at the residence of the bride's parents, by Rev. J. Dickerson, Daniel S. Lamb, M. D., of Washington, D. C., and Miss Lizzie, daughter of Robert Scott, Esq., of Philadelphia.

McBride—Dryden.—April 29th, 1868, by Rev. Wm. How, Dr. D. N. McBride, of Tranquillity, and Miss Allie Dryden, of Winchester, Ohio.

Peabody—O'Connor.—On Sunday, May 17, at the Central Hotel, Downsville, Delaware co., N. Y., by the Rev. G. W. McMillen, Dr. D. Peabody, of Delhi, and Mrs. Fanny O'Connor, of Downsville.

White—Wale.—In Marion, Iowa, April 9th, by Rev. Alexander S. Marshall, Marcus W. White, M. D., and Miss Ruth Wale.

DIED.

Baggs.—In Ontario, Ohio, May 8th, of consumption, Mary Florence, wife of Dr. James Baggs, aged 20 years and 5 months.

Blackburn.—In Covington, Ky., May 13th, Dr. C. J. Blackburn, in his 76th year.

Bramwell.—At his residence in Kansas City, Mo., April 27th, Dr. Henry V. Bramwell, aged 64 years.

Linn.—At Deckertown, Sussex co., N. J., May 19th, Alexander Linn, M. D. Deceased was about 57 years of age, and had been in practice in that place for upward of thirty years.

Metcalf.—At New Haven, May 10, in the 14th year of her age, Mary, youngest child of the late Dr. James W. and Maria Betts Metcalf.

Vanderveer.—At Vanderstadt, near Pluckemin, N. J., May 22d, Henry Vanderveer, M. D., in the 92d year of his age.

ANSWERS TO CORRESPONDENTS.

Dr. M. E. H., of Pa.—"Can you not recommend some work on Diseases of Women and Children, combined or separate?" Hewitt, Thomas, and West, on Diseases of Women, and Meigs or Condie on Diseases of Children, are recent, and fully up to the times.

Dr. J. H. S., of Iowa.—"Is there any harmless application which will remove the short hair from the neck without leaving a scar or injuring the skin?" We know of no depilatory which is at once efficacious and safe. The best, perhaps, is a modification of the Oriental *rusma*, viz., quicklime, 4 parts; orpiment, 1 part; oil of sweet almonds, water, and soap, enough to form a paste. Spread this on the part, and a few moments afterward wash with pure water. This removes the hairs, and when it is carefully done, without the least injury, but they grow again, and the process must be repeated.

Dr. S. W. C., of Mich.—1. Dr. Banning's braces. You had better write him (11 St. Mark's Place, New York) about these. 2. The best instrument for inhalation—at least one as good as any—is Siegel's. You can get it from Max Wocher, of Cincinnati. 3. Artificial eyes cost $1.00. 4. A first-class cupping apparatus costs $10.00. 5. Artificial leeches have not been favorably received by the profession at large. They are awkward to apply.

Dr. P. T. W., of Miss.—The London *Medical Times and Gazette* can be had for about $12.00, currency, a year, from Mr. E. Steiger, New York City, or any other book importing firm. We will order it for you.

Dr. J. F., of Ky.—Your remaining cases of impotency must depend on some organic lesion, and in the absence of a detailed statement of their condition, we are at a loss what to suggest.

METEOROLOGY.

May,	11,	12,	13,	14,	15,	16,	17.
Wind	N.	N. E.	E.	S. E.	N. E	N. E.	N. E.
Weather	Clear.	Cl'dy.	Cl'dy. Rain.	Cl'dy. Sh'r.	Cl'dy. Rain.	Cl'dy Driz-zling	Cl'dy. Rain.
Depth Rain			1-10		2-10	Rain.	1 in.
Thermometer.							
Minimum	38°	40°	44°	44°	48°	46°	47°
At 8, A. M.	53	50	54	60	57	54	54
At 12, M.	56	54	56	71	64	60	58
At 3, P. M.	55	54	56	71	64	61	57
Mean	50.50	49.50	52.50	61.50	58.25	55.25	54.
Barometer.							
At 12, M.	30.4	30.1	29.9	29.8	30.	30.1	29.8

Germantown, Pa. B. J. Leedom.

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THE

MEDICAL AND SURGICAL REPORTER.

No. 588.] PHILADELPHIA, JUNE 6, 1868. [Vol. XVIII.—No. 23.

Original Department.

Communications.

INSTRUMENTAL DIAGNOSIS.

By Philip S. Wales, M. D.,

Surgeon, U. S. Navy.

(Continued from page 472.)

Retinoscopy.

M. Serre d'Uzes introduced to the notice of surgeons a mode of subjective retinal exploration, which he designates as phosphenian retinoscopy. Its asserted advantage is that in those cases where, from organic changes in the transparent media, no ophthalmoscopic examination can be made, important information as to the condition of the retina may be obtained, by its employment; indeed, there are no combination of conditions which preclude its application.

The phosphenes, from φῶς, "light," and φαίνειν, "to show," are produced when the eye is pressed upon by the tip of the finger or the blunt point of a lead-pencil upon any part of the ocular globe. When this is done, a vivid flash of light is perceptible to the patient, which assumes various forms and positions, according to the shape of the compressing body, and to the place where the pressure is exercised.

M. Serre describes two phosphenes as resulting from the globe of the eye being compressed; one, the larger and more brilliant, appears at the extremity of a line reaching from the point compressed, through the globe, in the axis of the crystalline lens; the other is smaller and less luminous, and is situated nearer the point of contact of the end of the pencil with the eye.

According to the position of the large phosphenes produced by pressure at the margin of the orbit, Serre has named them *temporal*, *nasal*, *frontal*, and *jugal*; each being excited upon that side opposite the seat of pressure. Thus, if the tip of the finger is put in contact with the globe at its nasal side, the temporal phosphene is produced; if at the frontal side, the jugal, and so on.

M. Serre at first employed the tip of his finger for producing these luminous appearances, but further experience led him to prefer the rounded tip of a lead pencil, or the point of the same instrument armed with a little ball. In order to determine the appearance of the phosphene, the patient should be put in a dark room, or if there is light, he should be placed with his back to the window. The pencil is then pressed gently against the globe of the eye while the lids are relaxed, and the eyes half-opened. The patient, at the same time, should be directed to turn his eye in the direction of the phosphene that it is desired should be produced. The phosphenes will be rendered permanent by gentle friction, backward and forward, with the pencil for some time, although it will constantly shift its place during the whole time of the pressure.

The success of the experiment will be much facilitated by pressing the point of the pencil between the globe and the orbit, as far back as possible, so as to reach the deeper parts of the retina. The patient will involuntarily turn his eye in the direction of the luminous appearance, and thus permit the easy access of the pencil to deeper portions of the orbit.

The shape of the phosphene depends upon that of the compressing body, and occupies a position the reverse of it. Thus, when the tip of the finger is employed, instead of a luminous ring, a crescent shape will be presented, with the convexity looking toward the orbit. Pressure exercised from the deeper to the more superficial points, by the pencil armed with a little ball, will develope luminous images completely circular, which, as the pencil advances forward, will lose segments of their

circumferences until the crescentic forms are again displayed.

According to Serre, there is but a very small portion of the posterior portion of the retina that cannot be reached by this means of exploration, and even this may be still effected to some extent by impressing upon the globe abrupt shocks with the instrument, which are conveyed to it, and responded to by the display of slight flashes.

The explanation given of the luminous crescents is that they result from the modification of function of that portion of the retina which is directly compressed, while the balance of this membrane remains unaffected. That this is so, M. Serre proves by certain cases; for instance, in left hemiopic paralysis, pressing upon the parietal margin of the globe, you will not have the phosphenes which should exist normally on the right side. Pressing upon the right lateral region, the phosphenes will appear on the left. Let the eye of the patient view two objects placed before him at a certain distance, the object placed on the right side will not be seen, the left portion of the retina, which should perceive it, no longer performing its functions. The left object will be seen by the healthy right portion.

He further says, that in the same manner that objective sensations are perceived inverted or erect, relatively to the impressions made by the compressing body. To impress the retina with the luminous image, or by their relief in the form of a simple stamp, is to cause a luminous perception fundamentally the same in the two cases. There is, then, perfect identity between subjective vision and objective vision, between all luminous perceptions, whatever their origin.

The ophthalmoscope must necessarily limit to a great degree the application of subjective retinoscopy in diseases of the eye, but in certain cases, it will be of some service. We must remark, however, that in no sort of investigation is the value of what is called *cumulative* evidence more striking than in the practice of medicine and no method of developing the true character of pathological changes, however slight the assistance it may render, should be omitted in our inquiries.

From the investigations of M. Serre, it would appear that as long as the retina is healthy, the phosphenes are easily produced; when it commences to be diseased, they are altered; but when its sensibility is completely abolished, it becomes impossible to provoke their operation, although, in some cases, the subject may still have a vague perception of light. Thus the absence of phosphenes becomes a pathognomonic sign of complete amaurosis. In some cases, it happens that complete aphosphenia exists, yet some degree of sight remains. Here we can be certain that amaurosis will soon be established.

When one or more phosphenes are wanting, it is a certain sign of the commencement of retinal diseases, even at the period when the iris still preserves all its mobility, and by this absence of phosphenes, the exact portion of the retina diseased may be discovered.

In the case of an incipient lesion of the whole of the retina, the order of the disappearance of the phosphanes almost invariably demonstrates the degree of the disease; they disappear in the following manner: the jugal, the frontal, the nasal, and lastly, the temporal, which persists the longest. In a small number of cases, where the vision remains good for a short time, the nasal phosphenes alone exist. We conclude from this fact, that the sensibility of the retina is only altered in its peripheral portion. The phosphenes reappear in an inverse order of their disappearance, the nasal first, the jugal last.

In amaurosis of one eye depending upon retinal disease, the phosphenes remaining intact in the other, we may confidently assure the person that he will retain the sight of the latter eye, but if, instead of the four phosphenes, the nasal only persists in the eye that still sees, he may on the other hand be advised to expect the total extinction of sight. For this condition indicates profound lesion of the nervous centres beyond the chiasma of the optic nerve.

It happens sometimes that the phosphenes persist when the sight is greatly enfeebled. We can suppose in this case that it is in the centre of the retina which the alteration has commenced. In other cases still of this kind, the difficulty will be found to be located in the function of accommodation or refraction.

There are some instances of the pathological applications of phosphenian retinoscopy as demonstrated in the practice of Serre, and will suffice to show the manner and direction in which explorations of this sort may be conducted.

Another more reliable mode of detecting alterations in the retina and limitation of the viseral field than the one above described, consists in directing the patient to look at the surgeon's nose while the latter passes his hand in various directions to the right, to the left, above and below the eye under examination, until he has fully ascertained the limits of visual perception. After the test has been applied to one eye, the other may in its turn be subject to a similar examination.

Perhaps it will be conducive to greater accuracy, to select a lighted candle instead of the nose, as an object to which the eye should be directed. It is bright, and the patient is less apt to turn his eye when asked if he can see the second object that is moved in the directions above stated. The latter object may also be a lighted candle, and should be moved slowly and steadily onward, while both flames of the candle are kept within the visual field at the same time, changing the direction of the moving flame the very moment it is lost to sight.

A diagram representing the extent of retinal change may be prepared by fixing the eye to be examined upon a given point upon a blackboard or sheet of paper placed about twelve or fourteen inches in front of the patient's face, while the surgeon with chalk or pencil traces an outline, taking care that the eye shall be kept perfectly steady, and having both the entire object and pencil within view at the same time this is being done.

I have constructed a convenient and simple apparatus for ascertaining the limits of the visual field. It consists of a round board about 24 inches in diameter, painted black, with a central point formed of a small piece of bright glass. From this point, some twenty-five or thirty radii of fine wire, fastened at the periphery with metallic pins. Upon each of the wires a bright porcelain knob is made to slide easily. To the bottom of the board, an arm twelve or fourteen inches long, projects horizontally forward, and bears at its extremity a chin rest. The board has its surface marked in circles of light colored lines, exactly an inch apart.

To use the instrument, the board is hung upon the wall at such a height, that the eye of the patient regards the bright central spot when his chin is in the rest at the end of the rod, which holds the head steady and immovable. The porcelain buttons are all at first slid toward the centre of the circle, and are within the view of the patient. Then the buttons are one at a time slowly moved outward until the eye sees them no longer, when they are permitted to rest. In this manner, an exact outline of the viscual field can be obtained at once, and its dimensions, if required, read off at a glance.

CASE OF DOUBLE OVARIOTOMY.

By Benjamin B. Wilson, M. D.,

Professor of Surgery in the Woman's Medical College; one of the Consulting Physicians of the Woman's Hospital; one of the Attending Surgeons of the Howard Hospital; one of the Attending Physicians of the Jewish Hospital.

Sally W., aged 23 years, was admitted into the Woman's Hospital December 1st, 1867, suffering with ovarian disease of some four or five years' duration. She had been tapped in the month of July previous, and between three and four gallons of the peculiar chocolate fluid of ovarian dropsy evacuated, without entirely restoring the abdomen to its natural size, showing that the cyst was, in all probability, of the multilocular character. The sac almost immediately began to fill again, and in six weeks or two months she had regained the dimensions which she had before the tapping; since which time until her admission into the Hospital, the abdomen had been gradually increasing in size and becoming more and more tense, until existence became almost intolerable. As she was naturally of a slender figure, the size of the abdomen appeared enormous, the parietes being distended apparently to the utmost. The false ribs and their cartilages were pushed very much upward and outward, as well as the diaphragm, rendering respiration extremely difficult. So great was the tension and pressure upon the abdominal viscera, that the entire outline of the

liver (both right and left lobes) was distinctly and prominently marked upon the surface of the abdomen, and could easily be discovered across the room.

As she was otherwise in fair health, and desired the operation of extirpation after its risks had been fairly stated to her, it was, upon consultation, determined upon.

Accordingly, on the fourteenth of December, assisted by Drs. Ann Preston, Emeline H. Cleveland, Isaac Comly, and Charles H. Thomas, and in the presence of Drs. Lewis C. Rice and Mary I. Scarlett, and some of the advanced students of the Woman's College, I proceeded to the operation.

The ordinary incision from the umbilicus to the pelvis was made, the tumor exposed, and the contents of the larger cyst evacuated, bringing into view some omental and intestinal adhesions, which were carefully separated without the use of the knife. A few parietal adhesions offered more resistance, but were after some effort broken down with trifling hemorrhage. Several smaller cysts were then opened, and being emptied, the tumor was, though still of considerable size, turned out, and found to be attached to the right ovary. The clamp was applied necessarily to the edge of the tumor, on account of the shortness of the pedicle, and the mass separated. Upon examination the left ovary was found to be extremely diseased, being filled with cysts twenty or thirty in number, varying in size from that of a large marble to a small shot. The uterus being already slightly tilted to the left by the proximity of the clamp, and the broad ligament being short, the application of another clamp was quite impossible. A silken ligature was therefore applied, and brought out at the lower angle of the wound. It only remained to sponge out the abdominal cavity before bringing the parietes together, and this was carefully done. The smaller bowels occasioned no trouble. The parietes were tacked together with six interrupted silver-wire sutures inserted down to, but not including the peritoneum, and the interstices drawn together with adhesive plaster.

The anæsthetic had acted kindly, and before consciousness had entirely returned, a half-grain of sulphate of morphia was administered hypodermically, with the effect of almost immediately inducing a natural, though somewhat profound sleep, which continued, with little interruption, for eighteen or twenty hours.

At the end of sixty hours, considerable peritoneal and uterine inflammation was developed, as evinced by nausea, vomiting, and febrile reaction, accompanied by a frequent thready pulse. These symptoms happily abated after a time. The clamp was removed after the fourth day. The ligature separated from the left pedicle at the end of the fifth week. Some phlebitis occurred at this time, with swelling of the left thigh and leg, and in the left inguinal region, and a small abscess opened by the side of the pedicle, which had become cicatrized. The patient now rapidly improved in flesh and strength, and though in midwinter, she was out riding before the close of the second month.

The condition of the left ovary was interesting, as showing the morbid action in its incipiency; and how entirely it presented all the characteristics of the disease in its more advanced stages. The largest cyst, from one-half to three-fourths of an inch in diameter, was filled with a chocolate fluid, differing in no respect from that generally found in the disease, except perhaps that it was slightly more sanguineous. Of the other cysts, no two scarcely contained fluid of like character or density. In some it was serous, in others gelatinous, in others starchy or mucilaginous. In fact it seemed to be, what it undoubtedly was, a miniature representation of multilocular cystic ovarian disease. The proper stroma of the ovary appeared to be already absorbed. There was no appearance of ova or Græfian vesicles. Nor did it seem possible that the disease could have originated in this case in a Græfian vesicle, as has sometimes been conjectured to occur.

When last heard from, Sally was in excellent health, and quite as strong and vigorous as before attacked with her disease. She has grown, as expected, quite fleshy, and has regained in healthy tissue the weight lost by the operation. The tumor and contained fluids weighed forty-six pounds, and it is supposed that almost enough fluid was lost to make up fifty pounds—a considerable weight to lose and gain in so short a time. The loss and gain

have, however, both been accomplished so satisfactorily to herself as to leave no room for complaint. There has been no appearance of menstruation since the operation.

MAMMARY ABSCESS.

By H. P. Ayres. M. D.,
Of Fort Wayne, Indiana.

Generally there is but little difference in the character and process of suppuration in the mammary gland. The inflammation, hardening and softening or suppurating stages, running their courses with great similarity, seldom presenting any new phase of interest, the process only being delayed or hastened by attending circumstances.

The first case under consideration, is to me a departure from the ordinary process, not only in the manner of suppuration, but in the permanent loss of gland tissue.

Ordinarily, however extensive the suppurating surface, and, however great the loss of substance, there is a full reparation, and the gland becomes full and round, without any impairment of its usefulness. The present cases are perhaps extreme ones, but are in striking contrast in their relation to the resources of the economy to repair an injury.

The first was one of primipara. Patient aged twenty-two years, dark hair and eyes; thin, delicate, fair skin, cheerful and happy disposition. She was attacked with the usual symptomatic signs of mammary inflammation, loss of appetite, continuous fever, and great prostration. The inflammation was confined to the right breast, which was very hot, hard, and painful; preventing the patient making any change in her position. The general indisposition was attended with a troublesome cough, vomiting, wakefulness, and unusual anxiety. The pain was relieved with acet. morph.; the bowels opened with seidlitz powders; the heat and fever controlled with liquor amon. acet., ipecac., pulv. acaciæ An ointment of ext. belladonnæ, ung. hyd. and pulv. camphoræ, was applied to the surface of the breast, and covered with a cataplasm of elm-bark, marsh mallows, and oil, in a word, all prompt measures were adopted to prevent suppuration, and when they failed, every effort was made to hurry it.

One-half of the entire gland remained hard, but became lobulated, perceptible not only to the touch, but to the sight. Four days after the application of the cataplasms, the skin broke, and one of the lobes was thrown out, rapidly followed by others until the mass was as large as a teacup, presenting much the appearance of a deeply lobulated cauliflower; the whole being closely united by the membranous tissues of the gland, much thickened, and connected to the subcutaneous portions of the breast as a peduncle. Finding the protruding lobes quite insensible, I clipped them off, and re-applied the poultice. The next day there was double the amount of the gland expelled, presenting the same appearance, and was as firm as the healthy gland. The only pain experienced in cutting the mass away, was, when separating some of the thickened membrane, but that was only slight. The orifice was two inches in diameter, with three or four fistulous openings near its edge.

The membranes, as I have remarked, were continuous through the wound, or opening, and deeply penetrated the gland. With forceps, the whole mass was found movable, and by gentle traction was drawn from the cavity, leaving only one-half of the breast. The result thus far showed a diseased action in the cellular tissue, while the glandular structure remained quite healthy. The amount of matter thus thrown out and cut off was not weighed, but would fill a twelve ounce cup. During the process of softening of the cellular tissues, but little pus was thrown out, but after the expulsion of the mass, the suppuration was tedious and very exhaustive, infinitely more so, than in ordinary suppuration of the mammary gland.

The loss thus occurring is a permanent one, leaving a permanent deformity in the gland. The nipple in drawing the edges and parieties of the cavity together, pointed to the arm, or was almost horizontal with body.

Case 2d. Patient attacked with rigors two weeks after confinement, the left mamma became highly inflamed and hard. The lady used the usual applications without any advice. The breast opened and discharged large quantities of pus. The suppuration continuing so long, and was so

weakening, medical assistance was called. The breast was only a pouch, suppuration had excavated the entire contents. A probe could be introduced several inches, and made to sweep the diameter and circumference of the gland. A bandage was suitably applied, bringing the parieties in conjunction, when in a much shorter time than in the first case, there was an entire restoration of the gland. In the former case there was a great loss of substance, leaving a permanent deformity; in the last case an equal, if not greater loss, with a full restoration of the roundness, and usefulness of the breast.

BROMIDE OF POTASSIUM AND ANTIMONY IN PUERPERAL CONVULSIONS.

By T. N. Simmons, M.D.,
Of Hagerstown, Md.

A short time since, Dr. William Ragan attended upon the accouchement of Mrs R., aged eighteen years, large sized and fleshy. The labor progressed with ordinary rapidity and severity, presenting nothing uncommon to the primipara, until the head had reached the inferior strait when unexpectedly she was thrown into a violent convulsion. This was soon followed by a second, third, fourth and fifth paroxysm, with an interval of twelve or fifteen minutes between each. By this time, the forceps were obtained, and the patient delivered of a moderate sized living child. It was hoped that this procedure would at once prevent a continuation of the convulsive paroxysms, but it failed so to do, or even to moderate their frequency or severity. During the interval between the eleventh and twelfth paroxysm, I arrived and found the patient under the restraint of two or more persons, such restraint being necessary to prevent injury from tossing about; but during the paroxysms, this restraint was unnecessary, as her decubitus was then upon the back, with the limbs extended, and every muscle of the body apparently in a state of vehement agitation. She was entirely unconscious, the respiration deep and labored, combining the apoplectic stertor. The cheeks flushed with a purple hue, pupils dilated, pulse one hundred and thirty; the tongue so severely contused that it protruded from the mouth, and altogether the patient at this stage, presented the most formidable aspect that can be imagined.

We determined first upon the inhalation of chloroform, thinking it might prove the most speedy method of relief, and although it delayed the paroxysms somewhat, they nevertheless returned with greater intensity, and during the administration of the chloroform, the respiratory act became so slow and imperfect, that it induced a degree of asphyxiation, the face becoming more congested and livid, it was abandoned as unsafe.

The bromide of potassium was then given in combination with the tartrate of antimony, beginning with the dose of forty grains of the bromide to one-half of a grain of the antimony. In connection with one-half of a grain of the antimony, ten grains of the bromide was given every hour and a half, or two hours, until three grains of the antimony were taken.

The result of this treatment was very manifest and gratifying. After the first dose, there was a return of four paroxysms; the first occurred within an hour, the second in two hours, less five minutes; the third (as reported by the nurse) between three and four hours; the fourth in eight hours. Their intensity and duration also greatly diminished in the order of their recurrence.

After the last paroxysm, there was a tranquil repose of several hours, when consciousness suddenly returned, and as soon as the patient was able to speak, she expressed her ignorance of having endured the violent and dangerous ordeal, or of having given birth to her child. Her convalescence has been rapid, and the child improving upon the abundance of her lacteal secretions.

The object for which the antimony was administered in this case was to induce a state of muscular relaxation, in connection with the sedative effects of the bromide of potassium. This, and subsequent observations have caused me to believe that their coördinate effects upon the nervous centres renders their combination much more active in convulsive affections, than the bromide would be alone.

As it is generally known that a small quantity of morphia greatly increases the anodyne effect of the bromide, so also a

small quantity of antimony renders it a powerful anti-convulsive. In the treatment of delirium tremens, convulsive hysteria, etc., the antimony will be found greatly to enhance the powers of that great and invaluable nervous sedative, bromide of potassium.

Hospital Reports.

Jefferson Medical College,
April 29th, 1868.

Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

Staphyloraphy.

Robt. S., æt. 18, from Ohio. This patient came to Prof. Gross on account of cleft in the palate, congenital in character, as it generally is, involving simply the soft parts. He was operated on last Friday a week ago. The edges of the fissure were pared, making raw surfaces of them, precisely as in the operation for hare lip, and then the parts were approximated with five twisted sutures, retained by means of shot. There was then introduced between two of these sutures an ordinary interrupted suture. Perfect union has been obtained with the exception of a little point toward the apex of the cleft, so small as hardly to be visible. The resulting inflammation was not more than was expected and desired. The interrupted suture was removed at the end of the fifth day, the others at the end of the eighth. The edges of the surface were touched with a weak solution of nitrate of silver, ten grains to the ounce, and yesterday and to-day with the solid stick of nitrate of silver.

The little opening left seems to be perfectly round, and if still remaining can be readily closed by the introduction of another suture next October, as he is anxious now to go home.

The patient was fed abundantly after the operation, which is a matter of great importance. He is now taking exercise in the open air, and will probably go home next Friday. He has been able to swallow well ever since the operation. It will be a good while before there is much improvement in speech, which can only be effected by daily, constant instruction and practice in the pronunciation of the alphabet.

Necrosis of the Lower Jaw.

Jacob M., æt. 12. This patient, a stout, hale looking boy came under Prof. Gross' observation last summer. He had had a tooth extracted; during that operation the probability is that the alveolar process was broken, leading to inflammation followed by necrosis of the right side of the lower jaw bone. The parts were scraped, some dead bone removed, and for awhile the case was progressing favorably. Afterwards an abscess formed, and the lad presented himself last week with two papillæ, nipple shaped processes, over the right ramus of the lower jaw.

Necrosis is a very common affection not only of the jaw bone, but of various portions of the skeleton. In the jaw bone it may be produced by violence or be the result of ordinary inflammation, or inflammation of a specific character, scrofulous or syphilitic. In this case it was produced by injury inflicted in the extraction of a tooth. The alveolar process was fractured, followed by its inflammation, death and removal of a portion; for some pieces of bone had been discharged before the patient applied for treatment. At the operation referred to, several pieces were also removed. The case was doing well for sometime, but it was apparent the lad was not cured. Subsequently the inflammation extended to the ramus and posterior portion of the body of the bone, leading to necrosis, as is indicated by the nipple shaped processes present.

The boy was put under the influence of chloroform. The probe came in contact with a rough surface of bone. The two openings were connected with the knife, and a large piece of dead bone extracted. The two masses of semi-organized granulations were scraped away, which must always be done, for as long as they exist there can be no healthy action.

The part should be kept clean by syringing with tepid water, or water impregnated with permanganate of potassa, or chlorinated soda, making a detergent lotion.

This case illustrates the fact that the extraction of a tooth not well performed may be followed by prolonged suffering. It was upwards of a year ago that the extraction was effected.

Supernumerary Thumb.

Mary J. H., æt. 6 years. This child has one thumb too many on the right hand. How it was produced it is impossible to ascertain.

A case presented itself at the clinic in March, 1866, (*vide* Vol. XIV, p. 448,) with six fingers upon each hand, and seven toes upon each foot—a double big toe and five little ones. This was uncommon; most frequently the malformation exists in the situation in which it is found in this child.

The supernumerary thumb has two phalanges; consequently there is here a distinct joint.

Sometimes the supernumerary member is suspended by a thread of integument.

It will be necessary to effect exarticulation, excision or amputation at the joint, making two flaps, one corresponding with the posterior, the other with the palmar aspect, carrying the incision pretty well forward, so as to give an abundance of covering.

The operation was performed in the manner indicated, the flaps being brought together by a suture and two narrow adhesive strips. Union by the first intention will probably be obtained.

Medical Societies.

BALTIMORE MEDICAL ASSOCIATION.

Subject—MENORRHAGIA.

Reported by J. W. P. Bates, M. D.

Dr. Kinnemon—To treat this disease properly, requires careful pathological investigation. There exists a great difference in women, in regard to the quantity of blood discharged. Some may discharge as much as ten or twenty ounces, and how can we tell whether this small or large quantity be natural or not. I am of the opinion that the discharge in menstruation is a fluid sui generis; I do not think that it is true blood. The symptoms of menorrhagia are varied. Sometimes there may be tenderness over the ovaries, etc. The only cases warranting the use of strong astringents are those of passive hemorrhage. The treatment must vary according to the character of the hemorrhage.

Dr. Arnold—I agree fully with Dr. Kinnemon in thinking we ought to acquaint ourselves with the pathological state of the disease under consideration. Some authors make three classes of menorrhagia. 1st. Where we have symptoms of exanthemata, or of a scorbutic taint; also, when it ensues after typhus or small-pox (in which cases it is generally fatal.) In these cases, the discharge is generally quite fluid. 2d. Those in which we find polypi, cauliflower excrescence, etc. In these cases, an examination per vaginam is necessary. Leucorrhœa may often ensue instead of menorrhagia. 3d. Those in which tumors may press upon the ascending vena cava, etc. In these three classes, we can place most of the cases of this disease. There is usually engorgement, congestion, etc., and it may often be caused by inanition. The treatment should be accommodated to the case, and not treat it as a disease so much as to try to find the cause, and remove it. Among the remedies recommended is Fowler's solution. I think very little of local applications. I often give tannin in large doses, (gr. x. to xv. ter die.) I think it almost harmless, and so frequently double the dose. It often acts well.

Dr. Eastman—Anything that will produce hyperæmia in the pelvis may cause menorrhagia or leucorrhœa. When we find those troublesome little ulcers of the os, I think argent. nit. a capital application. Internally, I prefer gallic acid to tannin. I always use pounded ice for extreme cases, and would regret having resorted to the tampon. Cancer of the os may cause great hemorrhage. I generally use the acid nit. of mercury for occluding the papillæ in the neighborhood of the os.

Dr. Warren—Tannic acid is converted into gallic when administered, but I think the gallic the better, for it is immediately absorbed into the blood. I use small doses of either of these. Menorrhagia may arise from two causes, directly opposite to each other, viz., a state of congestion or of debility. I think the character of the blood is different in different cases. In the inflammatory, it has more of the arterial character, and in the debilitated, more of the venous, therefore the treatment ought to be regulated accordingly. When we are not satisfied as to the cause, we should treat on general principles. In the local inflammatory cases, I prefer gallic acid, pounded ice, ice water into the vagina. In cases of debility, increase the tone of the system in the interval between the attacks. I think the menstrual evacuation is a combination of a hemorrhage and a secretion.

Dr. Erich—My mind is called to another cause not yet mentioned, namely, inflection of the womb. These discharges may be brought down to two classes, active and passive hemorrhages. The active may be satisfactorily treated by injections of perchloride of iron, by means of a syringe having a double tube so as to allow the injection to escape immediately after being brought in contact with the surface of the womb. The elastic air ball makes a very efficient tampon. In the passive form I often use ergot, if it will act, and have, in some instances, combined it with iron.

Dr. Warren—I am constrained to believe that ergot does not act on an unimpregnated womb, and when it does act, I think it acts as a hæmostatic by influencing the middle coats of the arteries.

Dr. Cox—The fluid in menorrhagia is certainly a very peculiar one, and is often different in different persons. In that form of menorrhagia, described as *atonic*, we should enjoin absolute rest, nourishing diet, and cold water per rectum,

not per vaginam, and regular doses of acid, sulph. aromat. I have often successfully used equal parts of ergot, and hyoscyamus. I have found the red oak bark a very good remedy. In plethoric cases, I treat as the symptoms present themselves.

Dr. Eastman—I would suggest turpentine internally, as having accomplished good in my hands.

Dr. Arnold—In those cases in which fright is a cause, or in abortions of the 1st, 2d, or 3d months, we should be careful to discriminate between this disease and the actual miscarriage.

Dr. Williams—I am one of those who differ from Professor Warren in supposing that ergot does not act on the unimpregnated uterus. The uterus in menorrhagia of an active type is almost always contracted, and that is the reason ergot does not act upon it, but in the passive form your ergot will act, if it is ergot at all, and you may depend upon it. A relaxed uterus, which is the case in the passive form of menorrhagia, will invariably be influenced by ergot. My experience convinces me of this, and pathology will sustain it. In labor, the muscular fibre of the uterus is affected by ergot. I prefer the fluid extract as the best form of administration.

Dr. Arnold—I should define menorrhagia to be a flow from the womb more frequent and profuse than natural. The tendency in speaking on this subject is to confuse this disease with metrorrhagia. Pure cases of menorrhagia are very seldom met with. In this assertion I am sustained by Bennet. In 150 cases of hemorrhage from the womb collected by him, 60 were general hemorrhage, 30 were leucorrhœa and mixed cases, and only 3 were pure menorrhagia. I think moral causes are greater in number than any other. Polypus, cauliflower, and cancer, may each cause hemorrhage from the womb, but not necessarily menorrhagia. I think ergot may have a very great specific influence on the unimpregnated womb, especially when it is in a relaxed condition. In the treatment check the flow, which you can generally do with ergot, and, if necessary, any mechanical means that you may wish, tone up the system in the interval. We hear a great deal about ergotism, as "chilliness, formication, gangrenous erysipelas, giddiness, and convulsions." Nursing women nearly always escape this. Even if it does sometimes produce these unpleasant effects, we are still justified in using it, although we may not understand the mode of its action. In cases dependent upon moral causes, I find but little medicine is needed, and by removing the cause, nature generally does the work.

Dr. Uhler—I am unwilling, even in the cases produced by moral causes, to leave all the cure to nature. I had a case (æt. 18), who took all the astringents I could give her, without benefit. I found that she had a beau who was in the habit of exciting her animal passions. I concluded to treat the menorrhagia by indirect means, and so have her bromide of potassium, (gr. xv. to xx. ter die,) which had the desired effect.

Dr. Kinnemon—I regard menorrhagia as entirely separate and distinct from menstruation, or any womb disease. I differ from some of the members, and think that the monthly discharge is *not* blood, and that when coagulation takes place it may be considered as indicating menorrhagia.

Dr. Williams—The effect of ergot upon the impregnated and unimpregnated womb has been commented on. I hold that it acts on *both*. Good ergot will act on the womb when the womb is prepared for it, but the unimpregnated uterus must be in a relaxed condition. In chlorotic girls affected with this disease, I am confident that it acts like a charm. I seldom give ergot in an inflammatory condition of the womb, but when a woman suffers with menorrhagia as a disease and not as a symptom, we may use it with benefit. In regard to the character of the discharge, I think that it is blood, that is the sanguineous part is, and we may very easily be deceived, for it is very difficult to see it in an unmixed state.

Dr. Warren—I still hold to the opinion that it is *sui generis*, and composed of blood and a secretion. I am also convinced that ergot has but little effect on the unimpregnated womb, for in ordinary cases it acts promptly, perhaps by stimulation, but, as I think, as a powerful hæmostatic, which is its principal action in hemorrhage from the womb.

Dr. Williams—Is Prof. Warren's last assertion founded on theory or practice, and does it arrest all hemorrhages?

Dr. Warren—I cannot say that it is a universal astringent; it often induces other results too. I think it acts more as a hæmostatic than as an astringent. It acts probably on the vasa motor nerves, and thus cuts off the supply of blood by producing contraction of the middle coats of the arteries. I am strongly of the opinion that the blood-vessels of a womb at term are far different from those of an unimpregnated one. The supply will be different in amount, and the nerve

centres must be in a condition capable of receiving the influence of ergot. When we consider the differences between the two conditions, we can somewhat understand why it should act in one case and not in the other.

Dr. Jones—I think that members have digressed from menorrhagia to the subject of the action of ergot. I regard menorrhagia as a disease characterized by a profuse and generally prolonged hemorrhage from the womb, and is mostly caused by congestion. Accidental menorrhagia generally occurs among girls, but requires no treatment. It sometimes occurs during pregnancy, and may then often be attributed to ulcer in utero. There is very little needed in the treatment, unless we find the constitution suffering, then aromat. sulph. acid has a very satisfactory effect. I agree with Dr. Williams in regard to the use and action of ergot. Local injections may be of service, but the internal treatment does the most lasting good. Iron, strychnia, and a generous diet, will be found to accomplish much for the patient. In cases complicated by ulceration I use argent. nit. locally, and generally potass. iod. internally.

ANNUAL MEETING OF THE CONNECTICUT RIVER VALLEY MEDICAL ASSOCIATION.

The Annual Meeting of the Connecticut River Valley Medical Association was held at Bellows Falls Vermont, on Wednesday and Thursday, the 6th and 7th inst., agreeably to a vote at the last annual meeting, to hold the meeting two days this year.

On Wednesday, at 10, A. M., the President, Professor Dixi Crosby, being absent, Dr. B. G. Harrington, of Chester, Vermont, was called to the chair.

The report of the Secretary was read and adopted.

The report of the Treasurer showed all expenses paid, and a surplus of $34.90. Little business was done in the forenoon.

On motion, a Nominating Committee was appointed, and in the afternoon submitted their report, and the following officers were elected:

Dr. H. D. Holton, Brattleboro, Vermont, President.

Dr. George P. Twitchell Keene, New Hampshire, Vice-President.

Dr. F. Whitman, Bellows Falls, Vermont, Recording Secretary.

Dr. A. B. Crosby Hanover, N. H., Corresponding Secretary.

Dr. Samuel Nichols, Bellows Falls, Vermont, Treasurer.

Drs. H. B. Porter, and L. Sawyer, Auditors.

Drs. Samuel Webber, D. R. Story, and B. G. Harrington, Committee on Credentials.

Delegates to the American Medical Association—Drs. Samuel G. Jarvis, W. B. Porter, B. G. Harrington, J. Kitteridge, N. G. Brooks, M. R. Story, and A. B. Crosby.

To New Hampshire Medical Society, Drs. E. A. Knight, and H. H. Palmer.

To Vermont Medical Society, Drs. A. P. Richardson, and G. W. Hunt.

To Maine Medical Society, Drs. Samuel Webber, and Samuel Nichols.

To Massachusetts Medical Society, Drs. F. Whitman, and S. T. Smith.

To Rhode Island Medical Society, Drs. E. H. Pettengill, and L. G. Graves.

To Connecticut Medical Society, Drs. S. M. Cummings, and M. E. Edwards.

To New York Medical Society, Drs. George B. Twitchell, and John Crowley.

Professor Dixi Crosby, the retiring President, followed with his annual address. His subject was pelvic and abdominal abscesses. The address was a well written and interesting one, and Goldsmith, O. H. Bradley, B. F. Ketchum, D. commanded the most respectful attention of all present. At its conclusion, a vote of thanks was tendered to the professor.

During the session, the following gentlemen presented voluntary papers:

Dr. Samuel J. Webber, on Neuralgia.

Dr. H. G. McIntire, on Uterine Inflammation in insane women.

Drs. W. B. Porter, on several interesting cases of obstetrics, and one of ovarian tumor.

Dr. Thomas Goodwillie, of Vernon, Vermont, exhibited and explained a new and improved instrument for administering anæsthetics, with statement of cases showing the result of its use.

Dr. S. T. Smith of Alstead, New Hampshire; S. W. Scott, of Fayetteville, Vermont; Calvin Spencer, East Clarendon, Vermont; Jacob H. Putnam, Ludlow, Vt. and Orlando W. Sherwin, Reading, Vermont, were elected new members of the Association.

On motion, voted that hereafter no one shall be eligible to office in this Association who is not present at the election.

On motion, voted to hold the July meeting at Bellows Falls, Vermont, and the October meeting at Brattleboro, Vermont.

On motion, voted to hold the next annual meeting two days, and that all meetings held at Bel-

lows Falls, be called at 2, P. M., the better to accommodate those residing in different parts of the valley.

On motion, voted to have a public dinner at the next annual meeting.

Throughout the entire session, there was pretty general and free discussion of various Medical topics, and the meeting finally adjourned on Thursday, at 2 P. M., after a two days session of unusual interest and profit.

Editorial Department.

Periscope.

Physometra.

The following well-marked case of physometra is reported by Thos. Kennard, M. D., of Saint Louis, in the *Humboldt Medical Archives*.

On the 6th of July, 1864, I was called to see Mrs. B——, who had been attended a few days previously in a case of abortion, at or near the sixth month of pregnancy, by a midwife, who, after the fœtus was extruded, had left her without accomplishing the delivery of the placenta, although in her efforts to do so she had employed sufficient traction to sever the umbilical cord and tear away a portion of the placenta. She had been flooding from the time of her mishap, and was so much exhausted by the loss of blood that the least exertion would induce fainting spells. After ascertaining the history of the case, and discovering that the womb was still considerably enlarged, I passed my hand slowly into the vagina and introduced two fingers into the womb, where I detected a large portion of the after-birth firmly adhering to the uterus, and after much trouble and perseverance succeeded in detaching and removing piecemeal, as I supposed, the whole mass. The patient suffered very considerably during the operation, and became completely exhausted by the hemorrhage, which continued all the while. I had given her brandy and laudanum before undertaking the removal of the placenta, and was now obliged to repeat it. I then applied a bandage firmly over the abdomen; ordered absolute rest in the recumbent position, and drachm doses of the fluid extract of ergot in sweetened water, every two hours. On returning to see my patient some six hours afterwards, I was glad to learn that no more flooding of importance had occurred, and that she had rallied very considerably. She continued, however, excessively prostrated, and I regarded her condition as very precarious and critical for a few days, until she began to gain strength and improve.

On the 12th, I noticed that the abdomen was quite distended, and the pulse so much quickened that I feared puerperal peritonitis. The next day, however, (seven days from the time she had been placed under my care,) the size of the abdomen had increased so much that I made a thorough examination of it, and at once detected that the enlargement was the womb itself, as the tumor occupied the middle line of the abdomen was ovoidal in shape, well defined and easily moved by pressing upon it per vaginam. Percussion proved that the tumor was remarkably resonant, and non-fluctuating; and upon grasping it, it would recede from the hand, and felt elastic. On passing my finger through the mouth of the womb, (which was plugged by a coagulum of blood,) there was a discharge of fœtid and very offensive gas, and on withdrawing my finger and making pressure on the tumor, quite a free discharge of this took place, with notable diminution in the size of the womb. Re-introducing my finger, I removed several putrid clots, and also a small portiou of the placenta in a decomposed condition. I then applied a roller bandage, gave ergot, and ordered injections of diluted chlorinated solution of soda. The womb did not enlarge again, and my patient, under the use of tonics and stimulants, soon recovered her usual health, and has continued well almost ever since, but has not become pregnant again.

This was a characteristic case of uterine tympanitis, and evidently produced by the decomposition of portions of the retained placenta and clots of blood.

Examining Flour by means of Chloroform.

M. Rakowitsch proposes a method of examining flour by means of chloroform. The following are the results which he says may be gathered from an experiment capable of being made in a few minutes: The amounts of bran, the moisture between 10 and 25 per cent., the damaged flour, the mineral matters, the ergot of rye, and other impurities. The whole of these are determined by the relative specific gravities of the different substances in chloroform. The flour is simply placed in a tube and mixed with chloroform; the chloroform is enabled to hold, in very thorough suspension, the pure flour, while the other materials are not thus suspended. By adding spirits of wine of 95°, the flour is precipitated to the bottom of the tube. The more humid the flour, the more spirit of wine must be added, and thus the amount of humidity in the flour is arrived at.

Reviews and Book Notices.

NOTES ON BOOKS.

The first number of the "*American Journal of Obstetrics, and Diseases of Women and Children*," has appeared from the press of Moorhead, Bond & Co., New York. Its editors are Drs. E. Noeggerath, late Professor of Obstetrics and Diseases of Women and Children in the New York Medical College, and B. F. Dawson, Lecturer on Uterine Pathology in the Medical Department of the University of New York. It is a quarterly of 96 pages, and costs $3.00 a year. The original articles in the first number are, "The History of Eight Cases of Placenta Praevia," by Dr. T. Gaillard Thomas; "On the Pathology and Treatment of the Different Forms of Croup," by Dr. A. Jacobi; "The Rectum and its Relations to Uterine Disease," by Prof. H. R. Storer; and a "Case of Diabetes in an Infant," by Dr. James L. Brown. They are all sound and useful pieces. The *Journal* is well printed, and deserves to succeed, as doubtless it will.

The "*Canada Journal of Dental Science*," is a monthly published at Montreal, by Mr. W. G. Beers, and Dr. J. S. Scott. It is designed to afford a suitable medium of communication between dentists and physicians. *Price*, $3 00 a year, in advance.

The Richmond Medical Journal has been removed to Louisville, where it will continue under the same editorial supervision, and appear as the "*Richmond and Louisville Medical Journal*." We hope it will be properly supported, as under the efficient management of its present editor, it has been and is one of our very best exchanges.

Messrs. Lindsay & Blakiston, of this city, (25 South Sixth street,) having made arrangements with the Hon. Local Secretary, Richard J. Dunglison, M.D., by and with the approval of the Society's Agent in London, to act as Agents in the United States for the publications of *The New Sydenham Society*, announce that they are now prepared to receive subscriptions for the year 1868, at *Ten Dollars*, payable in currency, and invariably in advance, and to furnish any of the previous years at the same rate, and on the same terms.

The practical character and permanent value of these publications, and the very low price at which they are furnished, commend them to the favorable attention of the medical profession in the United States.

Subscribers at a distance can have the volumes as they appear forwarded to them by mail, upon remitting, in addition to the subscription, 50 cents per volume for the postage, which must be paid in advance, by exprsss, at their expense, or in any other way they may direct.

Reports of the *Society*, containing full titles, etc., of the works published, will be furnished free upon application.

Dr. Wm. Warren Greene, Professor of Surgery in the Medical School of Maine, has republished from the *Boston Medical and Surgical Journal*, some interesting cases of ovariotomy, with remarks upon the operation. His suggestions are very judicious, and merit careful study.

Man: Where, Whence, and Whither? Being a Glance at Man in his Natural History Relations. By David Page, LL D., F. R. S. E., F. G. S., etc. New York: Moorhead, Simpson & Bond. 1868. 1 vol. 12mo. cloth. pp. xiv. 197.

This little volume is the expansion of two lectures delivered in Edinburgh in 1866. The author tells us that he would not have published them, but for the "misrepresentation, either ignorant or intentional," which was made of their contents by certain parties. We regret that he felt constrained to do so, for really the prevailing ignorance on anthropology is great enough already, without having a lot of effete views and hasty generalizations put before the public as the latest and soundest achievements of science.

It is positively amusing to see how our author breaks his theological lance in defense of the "latest views," and lays before his audience his startling novelties; quoting Blumenbach, and Squier, and Linnæus and that fatal "Essay on the Human Understanding," of Locke, which the English still persist in thinking is the last word in metaphysics, and all the while remains in total and cheerful ignorance of Waitz, Steinthal, Lazarus, de Quatrefages and their disciples, who in this last fifteen years have given an entirely new and a worthy shape to anthropology.

Dr. Page thinks man a development from the lower animals; that he is mainly the creature of his geographical surroundings; that an essential difference exists between the races of men; that one race supplants and destroys another; that his antiquity on earth is far greater than heretofore supposed; and that he is ever ascending in the scale of existence. Now there is no one of these views that has been shown to be false or impossible; and yet not one of them has science put beyond doubt. The arguments he advances in their support are frequently most superficial.

Who, for instance, at all acquainted with what *language* is, would apply that term to the "various calls of mammals and birds?" (p. 55.) Or assert that the least complex and least perfect languages are found among the rudest nations? Or that from the monosyllabic tongues all others proceeded? What intelligent ethnologist now repeats the exploded assertion that any tribe of men exists without a religion? (p. 78.)

In short Dr. PAGE'S book is superficial and weak; the views it contains are exaggerated and unproven; and it is in reality far behind the actual march of anthropological science, while professing to be in the very front rank of the vanguard.

The book is published with that taste and neatness which mark all the issues of Messrs. MOORHEAD, SIMPSON & BOND, printed on tinted paper with bevelled cloth binding.

Therapeutics and Materia Medica. A Systematic Treatise on the Action and Uses of Medicinal Agents, including their Description and History. By ALFRED STILLÉ, M.D., Professor of the Theory and Practice of Medicine, and of Clinical Medicine in the University of Pennsylvania, etc. Third edition, revised and enlarged. In two volumes. Philadelphia: H. C. LEA. 1868. Pp. 824, 864, sheep. *Price*, cloth, $10.00; sheep, $12.00.

This admirable Treatise of the distinguished Professor of Practice in the University of Pennsylvania, is so widely and favorably known to the profession, that we need but point out the improvements which have been made in the present edition. Several subjects are introduced and treated of for the first time. They are chromic acid, permanganate of potassa, the sulphites of soda, etc., carbolic acid, nitrous oxide, rhigolene, and the Calabar bean. Some articles have been re-written, especially those on bromide and electricity. Besides this, much new matter has been added under the more important titles, making in all about one hundred pages.

The industry and thorough scholarship of the author is conspicuous on every page, and we may well consider his production as honorable to the profession of our land. We are very glad to see a full and complete Index of Therapeutics, for the want of which the U. S. Dispensatory and WOOD'S Therapeutics lose about a third of their value to the working doctor. There is in fact no work on the topics which we can more conscientiously recommend, than this one of Dr. STILLÉ.

Materia Medica, for the use of Students. By JOHN B. BIDDLE, M.D., Professor of Materia Medica and General Therapeutics in the Jefferson Medical College, etc. Third edition enlarged, with illustrations. Philadelphia: LINDSAY & BLAKISTON, 1868. 1 vol., 8vo., cloth, pp. xvi., 384. *Price* $4.00.

The author has looked for his readers among medical students, rather than practitioners, in compiling this work. It is an outline to be filled up by oral instruction. As such it will be found of use in our present system of medical education where the maxim is *haud multum sed multa*, but it and all synopses, hand-books, and compends of science would be thrown aside, were a really earnest and thorough training given in our colleges.

It has invariably been observed in literary history that when these abbreviations are popular, superficiality and false methods of instruction are in vogue. Look at the later Latin literature of the post-classical period, and we find nothing but these attempts to give an outward varnish of learning with little labor.

They must necessarily give very imperfect descriptions, and are therefore dangerous. We look on their multiplication as a necessity to our existing schools, but one which is deeply to be regretted, and indicative of a condition of things ominous to the welfare of the public.

Of the kind, Dr. BIDDLE'S Materia Medica is a favorable specimen, prepared with care. This third edition embraces a number of new remedies—the calabar bean, carbolic acid, iodoform, the sulphites, etc., and treats of the hypodermic method and the atomization of fluid. Some new illustrations have been added, and the paper and print are good.

A Sensible Legislature.

The Legislature of Wisconsin is said to have passed a liberal law legalizing dissection, and also to prevent quacks from giving testimony in court on medical matters, and from collecting lees. We commend this to the consideration of the *solons* of the Michigan Legislature.—*Medical News and Library.*

Death of M. Serres.

The Academy of Sciences has suffered a severe loss in the death of M. SERRES, whose works on comparative anatomy and embryology are most valuable. Though eighty years of age, he still continued delivering lectures on anatomy at the Museum of Natural History. M. SERRES left a legacy of 60,000 francs to the Academy, and another of 75,000 to the Museum.

Medical and Surgical Reporter.

PHILADELPHIA, JUNE 6, 1868.

S. W. BUTLER, M.D., & D. G. BRINTON, M.D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require as little revision as possible.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

The Medical Society of the State of Pennsylvania will hold its nineteenth annual session at Harrisburg, on Wednesday, June 10th, at 4 P. M.

The place of meeting being central, and of easy access, a full attendance is anticipated.

The Reading railway will pass delegates from Philadelphia to Harrisburg and return for $3.75, and from intermediate stations for an addition of one-third to the single fare.

The Pennsylvania Central and Lehigh Valley Railways will give delegates return fares free on certificate of the Secretary.

DANGERS FROM ANTHRACITE COAL.

There has long been a popular opinion that the use of hard coal affected injuriously the health, and it is every way likely that the opinion is founded in fact. The question has lately been investigated by Dr. Derby of Boston, whose remarks have been confirmed by Dr. Snow of Providence. The cause of this unhealthiness has never been clearly understood. Some have supposed that it arose from the consumption of the oxygen in the atmosphere by the hot iron; others that the increased dryness of the air was the objectionable feature. Dr. Derby, however, thinks that the presence of small amounts of that active blood-poison, *carbonic oxide gas* (mingled no doubt with carbonic acid gas, and its poisonous quality thus increased,) is the chief and probably the only cause of the unpleasant sensations and the injurious influences so commonly associated with the combustion of anthracite coal.

As it is altogether too much to ask us to give up using hard coal because it hurts us—as well ask us to renounce tobacco or late suppers—we inquire with some interest what remedies are proposed. They are to the effect that we should never allow our iron fire-pots to attain that degree of heat which permits the passage of gases through their substance; that we should have perfect castings, and as few joints as possible in our stoves and furnaces, and these should be horizontal and never vertical joints; that we should never check the free ingress of fresh air, and the perfectly free egress of the products of combustion by dampers, valves, or similar contrivances of any sort; and finally, that we should so burn coal that under all possible circumstances a pressure of air from without inward, may be exerted upon the fire-pot, furnace, and smoke pipes.

This is very well, as far as it goes, though it does not reach a great ways, as certainly in all first class stoves and furnaces, these cautions have long been observed. We believe that maintaining a too high temperature has after all very much to do with the troubles which arise from burning coal.

Whatever the cause is, the effects upon the health are real. Dr. Snow remarks that his own observation has led him, for some time, to fear that the gases from hard coal were seriously injurious to the public health.

He has observed that many persons are seriously troubled with vertigo and derangement of the nervous system in the winter season, who are free from it in the summer; and that some persons are affected in this way while living in the city, who are free from it in the country. He thinks it will also be found that the great increase in the prevalence of neuralgia in this country is almost coincident with the introduction of anthracite as a fuel for warming dwelling houses; that women are most subject to this disease, being, as a class, more exposed to the gases from the coal; and that the disease is mostly confined to those portions of the

country where hard coal is used. He has also known serious results in some of the public schools in Providence, which were evidently caused by the escape of coal gases, from imperfect, or badly managed furnaces.

The topic is one that merits general attention.

Notes and Comments.

Election of Dr. J. Aitken Meigs.

We are pleased to announce the election of Dr. J. AITKEN MEIGS to the Chair of Professor of the Institutes of Medicine in Jefferson Medical College in this city. It is one of those appointments based on real and widely acknowledged merit, and thorough mastery of the subject, which must redound greatly to the usefulness of the Jefferson College as an institution of medical learning. Without in the least questioning the deserts of the other candidates, we think that all must acknowledge that the Trustees have made a most judicious choice for the position so long and ably filled by the venerable and learned Dr. ROBLEY DUNGLISON, whose resignation we lately mentioned.

Heart Disease.

The following "pome" we clip from the *Glasgow Medical Journal* of February, wherein it is yclept "a case of disease of the heart." As such cases are said by Mr. TENNYSON—good authority on such points—to be almost epidemic in the spring of the year, we deem it wise to insert it.

I list, as thy heart and ascending aorta
  Their volumes of valvular harmony pour,
And my soul, from that muscular music, has caught a
  New life, 'mid its dry anatomical lore.

Oh! rare is the sound when thy ventricles throb,
  In a systolic symphony, measured and slow,
While the auricles answer with rythmical sob,
  As they murmur a melody wondrously low.

Oh! thy cornea, love, has the radiant light
  Of the sparkle that laughs in the icicle's sheen,
And thy crystalline lens, like a diamond bright,
  Through the quivering frame of thine iris is seen.

And thy retina, spreading its lustre of pearl,
  Like a far-away nebula, distantly gleams
For a vault of black cellular mirrors, that hurl,
  From their hexagon angles, the silvery beams.

Oh! the flash of those orbs is enslaving me still,
  As they roll 'neath thy palpebræ, dimly translucent,
Obeying, in silence, the magical will
  Of the oculo-motor-pathetic-abducent.

Oh! sweet is thy voice as it sighingly swells,
  From thy daintily quivering chordæ vocales,
Or rings in clear tones from the echoing cells
  Of the antrum, the ethmoid, and sinus frontales.

And stately the heave of thy maidenly breast,
  As the swell of the billow soft rolling to land,
And as soft the vesicular sigh in thy chest
  As the sound of the ripple that ebbs o'er the sand.

But alas! 'tis with many forebodings I pen
  Anatomical verses thy beauty to praise,
For I fear that my studies will never again
  Bring the solace they gave in my happier days.

Thou hast stolen the charm from my studio dim,
  From dissection I turn with embittering wrath,
Thou hast stepped between me and my skeleton grim,
  Oh lady! fair lady! why crossed you my path?

The Algerian Famine.

One hundred thousand of the Arabs in Algeria have died of the famine or the cholera within six months. The bare announcement of this fact brings up a terrible picture of suffering, the details of which are brought to light by the accounts of two French missionaries now seeking relief for the sufferers.

Correspondence.

DOMESTIC.

Criminal Abortion.

EDITORS MEICAL AND SURGICAL REPORTER:

If the experience of other members of the profession are anything like what mine has been lately in cases of the above description, the morals of society must indeed be in a deplorable condition. Scarcely a week passes in which I am not called upon to save the life of some female who has been in the hands of the professional abortionist, and is flooding to death from the effects of their operations.

Last week three such cases occurred in my practice,—not among the loose or depraved class of society—but married ladies, who move in the respectable circles. In one of those cases the woman had flooded to the last extremity; the fear of exposure prevented her sending for the Doctor, until those in attendance thinking her dying became alarmed, and I was sent for. I found her almost bloodless, with cold extremities; speechless, and to all appearance dying. She had been flooding more or less for days; however, by proper attention and careful nursing she rallied, and in a few days after made the following statement, partly in answer to my questions:

"My attention was drawn to the subject by reading advertisements in the *Sunday papers*. I did not want the trouble of children. I was three months gone. I went to Madam ———, No. —— —— street. I found quite a number waiting for the same purpose; they did not seem

to make any secret about it. In turn I was taken in and operated on. It was done by piercing the womb. She charges fifteen dollars for the operation."

When we consider that it is only in extreme cases of this kind that we are called on, and the small proportion they must necessarily bear to the whole number, the magnitude of this species of murder must be truly appalling.

The peculiar relations existing between physician and patient, seal our lips in such instances, and no honorable physician will betray the confidence of those who place their reputations and their lives in his keeping, but a serious question arises, should we entirely close our eyes on such a shocking state of things, and can nothing be done to prevent such wholesale murder?

Wm. C. Todd, M.D.

21*st Ward, Philadelphia.*

Lime Inhalation in Croup.

Editors Medical and Surgical Reporter:

Learning the favorable results through the Reporter of Dr. Wilson's treatment of pseudo-membranous croup by lime inhalation, I concluded to make a trial of this therapia the first opportunity given. On the 18th of last month, I was called to see a little girl four years old, suffering for thirty-six hours, from fully developed membranous croup.

The ringing cough and stridulous breathing, (two pathognomonic symptoms of croup,) had existed twenty-four hours before my first visit. Free and frequent emesis had taken place from the administration of ipecac., but gave no relief.

The condition of the child was truly alarming when the lime inhalations were commenced. Pulse frequent and feeble; respirations hurried, and dyspnœa intense; voice whispering, and disinclination to speak; deglutition quickly performed, and much eagerness to drink. We at once made a room for our purpose, by placing chairs into a circle and covering them with quilts, under which we placed the mother, with the child in her arms.

Lime—unslaked—was put into a pitcher, and it placed at the side of the mother, when free vaporation was kept up for twenty minutes, and, to our great satisfaction, the patient was relieved—yes, I may say cured, for she continued to improve rapidly, and in a few days was well. Other means were used, but the vapor of lime, I believe, saved the patient.

J. K. Holloway, M.D.

Nittany Hall, April 6th, 1868.

The Blue Baby.

Editors Med. and Surg. Reporter:

In answer to the letter of Dr. W. B. Tackett, in regard to the case he calls the blue baby, I would state for his information, that the child evidently was afflicted with the disease called cyanosis. This disease is caused by the pathological condition of the heart, that is, the non-closure of the foramen ovale. The symptoms enumerated by the Doctor correspond precisely with those of cyanosis; the skin being blue, especially at the lips, ends of fingers and toes; which is caused by the admixture of the venous with the arterial blood. This color is augmented under any excitement, as blushing, laughing or crying. These cases are not very frequent, but still occur; children mostly die when they are young, seldom reaching the age of puberty; but there are cases on record that have passed that age. To my own knowledge, I saw one case, at the age of nineteen years, a young man at the U. S. General Hospital, Cleveland, Ohio, who was afflicted with cyanosis.

J. C. Schenck, M. D.

Cleveland, Ohio.

Fatal Case of Intestinal Obstruction.

Editors Med. and Surg. Reporter:

In one of your October numbers for 1867, a case was published of death from ulceration of the apendicula vermiformis, in the daughter of Mr. S., caused by chalklet concretions.

On April 29th, 1868, I was called again, "in the same family," to see Charles, æt. ten years. I found him with *extreme* pain in the right side of lower bowels. "Symptomatic peritonitis." Pulse 140; tongue nearly natural, "with a little white coating." Gave cathartics to unload the bowels, and relieve the portal circulation, but without success. By repeated *enemas*, two actions from the lower bowels were procured, and I left with some hope that the action would continue. Was informed during the night, (April 30, 2 o'clock A. M.,) that nothing more had passed. At this time, I visited again, and continued efforts during all the day to procure an action on the bowels, subdue inflammation, and to palliate symptoms. But every effort to procure a passage from the stomach was abortive. Intense pain, extreme thirst, rapid pulse, sickness of stomach, "with occasional vomiting of ingesta;" and great emaciation, with all the symptoms of gangrene continued until three o'clock in in the morning, "May the 1st," when death came to his relief. Being fifty hours from the beginning of inflammatory action, and forty-two from my first

visit. It is very remarkable that two cases, "both similar in character and results," should occur in the same family, in the space of seven months. These patients exhibited a strange peculiar expression of the eye for some three weeks before they made complaint, or before inflammatory action set in, which was observed by the parents, but my attention was not called to it until after the death of the last patient. Whether the last case was one of ulceration, or intussusception, is not known, as there was no post-mortem as in the first case.

There were no alvine concretions, for there was nothing eaten to produce them. The parents are healthy and of temperate habits. I give this case with the results to the medical fraternity, with the hope that among the many able and voluminous contributors to your columns, they may throw some pathological and therapeutical light upon it. J. M. McWhorter.

Hacker's Creek, Lewis County, W. Va.

Stricture of Cystic Duct.

Editors of the Medical and Surg. Reporter:

William Curnduff, aged 44, blacksmith by trade, unmarried, perfectly temperate in all his habits. Six years ago, he fell on a sleigh stake, striking on the epigastric region, hurting him severely at the time. Since then has had more or less pain in that region. Three years ago became sallow and pale, although well, and able to pursue his usual business. In January last taken with *acute pleurisy*, from which he recovered slowly. April 20th, complained of colic pains in the stomach, which yielded with the usual treatment. On the 22d, the pain became more severe, passing off in a paroxysm. On the 23d, the pain continued all day. It became lancinating in the afternoon, and very severe, and rebellious to all treatment; subsiding at 8, P. M. Fell into a quiet slumber until 6, A. M., of the 24th, when respiration became difficult, the pulse ran up to 160, the body assumed a spasmodic condition, pupils dilated, the respiration became harsh and gasping, the pulse lost at the wrist, with alternate contractions and relaxations, until 8, A. M., when he breathed his last.

Post Mortem—twenty hours after death. Drs. Dofendorf and son, Preston, Schoon, Youngs, and Robb present. Cadaver full and muscular, slight discoloration over abdomen, limbs, and neck; lungs normal; right lung adhered to walls with slight bands; heart atrophied; stomach normal; liver healthy; gall,bladder distended, measuring about six inches in length, and one inch and three-quarters in diameter, to the sense of touch hard and smooth; the contents were dark-green in color, and seemed thicker than natural; two small concretions were found near the neck. The cystic duct was strictured near the neck by a hard, gristle-like band which surrounded it. The small intestines jaundiced; kidneys normal. All the other organs were healthy.

What was the immediate cause of death? And what relation did the former injury sustain to the stricture of the duct? Will some one enlighten us on these obscure points.

T. Davidson Crothers, M. D.

West Galway, N. Y.

News and Miscellany.

Bread-making.

The following on the important subject of bread-making, we clip from the correspondence of the *London Lancet*.

Whole Meal Bread.

Sir,—Allow me to add to your article on bread, in last week's *Lancet*, my experience of the use of bran in making it.

I boil the bran first for an hour and a half or two hours. I have used it thus prepared. I have used the bran-tea without the bran. I have tried both ways, with brewer's yeast and with home-made baking-powder, (a teaspoonful to a pound of flower,) with complete success, making most delicious and wholesome bread. I use seconds flour; and for baking-powder, I mix the bran, well strained, with the flour, powder and salt, before adding the bran-tea, all quite cold.

To make baking-powder:—Carbonate of soda, 6 parts; tartaric acid, 4 parts; fine sugar, 2 parts: salt, 1 part. A Doctor's Wife.

March 2d, 1868.

Home-made Bread.

Sir,—In your impression of the 4th instant, "*Paterfamilias*" makes inquiry for the best method of making bread without yeast, and the proportion of ingredients used in the process. I submit the following, which gives satisfaction to many: Take of flour, three pounds; Howard's bicarbonate of soda, nine drachms; hydrochloric acid, (sp. gr. 1.16), eleven drachms and a half; water, about twenty-five fluid ounces. Mix the soda with the flour, and add the acid to the water.

Brown Bread. Wheat-meal, three pounds; Howard's bicarbonate of soda, ten drachms; hydochloric acid, (sp. gr. 1.16), twelve drachms and a half; water, twenty-eight fluid ounces. Mix as above.

It may be remarked that the acid and soda form common salt in sufficient quantity for the bread.

Aran Math.

Beauly, N. B., April 9th, 1868.

Nux Vomica in Chronic Dysentery.

In a recent number of the *Bulletin Generale de Therapeutique*, is an article by Dr. De Savignac, upon the use of nux vomica in dysentery and dysenteric paralysis. His theory is, that the cause of the disease lies in an affection of the spinal cord, which causes paralysis of the motor nerves of the large intestines, and of the vaso-motor nerves which supply its bloodvessels. If this be correct, nux vomica would appear to meet the indication precisely. Dr. Savignac, who has had large opportunities for observation in the marine hospitals of Toulon, claims excellent results.—*N. Y. Med. Gazette.*

—— Dr. J. C. Denise, formerly Surgeon of the Ohio State Soldiers' Home, has been appointed Health Officer at Omaha.

—— A new and improved operating theatre has been erected during the past year by the Trustees of the Massachusetts General Hospital, calculated to accommodate nearly four hundred dersons, at an expense of fifty thousand dollars.

—— At a recent trial in the United States Court in the city of Chicago, Judge Drummond sustained a phyeician in refusing to testify as an expert, without having first received honorary fees therefor.

NAVY NEWS.

List of changes, etc., in the Medical Corps of the Navy from May 18th, to 30th inclusive.

Assistant Surgeon W. Z. Terry, resigned.

Passed Asssistant Surgeon D. McMurtrie, ordered to duty on board U. S. Iron clads, New Orleans, La.

Surgeon George Maulsby, detached from duty at Naval Asylum, Philadelphia.

Surgeon Wm. S. Bishop, ordered to temporary duty at Naval Asylum, Philadelphia.

Surgeon H. C. Nelson, ordered to U. S. S. Savannah.

Passed Assistant Surgeon, S. F. Shaw, detached from duty at Naval Station, League Island, Pa., and ordered to U. S. S. Macedonian.

Passed Assistant SurgeonT. N. Penrose, ordered to duty at Naval Station, League Island, Pa.

Acting Assistant Surgeon C. W. Knight, honorably discharged.

[Notices inserted in this column gratis, and are solicited rom all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

Beaghler—Pryse.—May 20th, at the pastor's residence, 61 Cutter street, Cincinnati, by Rev. H. Powell, A. C. Beaghler, M. D., of Menden, Mercer co., Ohio, and Miss Leah Pryse, of this city.

Bliss—Vail.—At Sparta, Ohio, April 15th, Dr. D. P. Bliss and Miss Vina Vail.

DIED.

Arthur.—At Frankford, Pa., on the 27th ult., Dr. E. Arthur.

Austin.—At Camp Concordia, Rio Grande, Texas, on May 9, William M. Austin, Brevet Captain and Assistant Surgeon, U. S. A., in the 24th year of his age.

Fell.—At his residence, near Brandywine Springs, Del., May 30, Jonathan Fell, M. D.

Fowler.—In New York, of dysentery, on Thursday, May 28th, Augusta Smith, wife of E. P. Fowler, M. D., and youngest daughter of the late Nicholas H. Smith.

Gray.—In New York, May 26, Elizabeth Williams Hull, wife of Dr. John F. Gray, M. D.

Hart.—In New York, May 25, 1868, Charles S. Hart, M. D.

Olcott.—In New York, May 27, of pleuro-pneumonia, Dr. Edgar Olcott, of Jersey City, in the 62d year of his age.

Watson.—At Bedford, Pa., on the 20th inst., of paralysis, William H. Watson, M. D., in the 57th year of his age.

ANSWERS TO CORRESPONDENTS.

Dr. N. E. H., of O.—Cohen on Inhalation is as good a work on the topic as you can find.

Dr. R. S. H., of Miss.—"Please send me the numbers of the Med. and Surg. Reporter containing the introductory address of Prof. Gross in the Jefferson Medical College?" We have quite exhausted our editions of those numbers, and are unable to comply with your wishes.

Mr. C. S., of Mo.—Probably Gernier, Lamoureux & Co., or Fougera & Co., of New York, could get the biphenate of soda for you. It does not seem known to our druggists here

Dr. W., of Pa.—1. We do not know of any monograph on "Marasmus." This is a vague term, not much used by later writers, and in the older works stands for phthisis as often a. not. 2. A wired skeleton costs $35.00; the bones of the head and face $10.00 to $15.00.

Dr. A. D. B., of Pa.—We are accustomed to exchange virus. We give it gratuitously and receive it in return.

Dr. S. H. K., of W. Va.—You will find the answer to your query in the advertising columns of the Reporter.

Dr. H. C. N., of Iowa.—Elliott's Diseases of Women and Children we do not know. Hamilton on Fractures and Dislocations, $5.75. Flint on the Chest, $4 50. Cohen on Inhalation is a good book, $2 00.

Dr. O. of Ohio.—The Pennsylvania Hospital Reports sell for $5 00.

Dr. J. D. B., of Ct.—"What proportion of water should be added to sulphurous acid to fit it for external application in scabies?" About three or four parts.

METEOROLOGY.

May,	18,	19,	20,	21,	22,	23,	24,
Wind	S. E.	N. E.	N. E.	N. W.	N. W.	N. E.	N.
Weather	Cl'dy.	Cl'dy. Rain.	Cl'dy. Rain.	Cl'dy. Rain.	Clear.	Cl'dy. Rain.	Cl'dy.
Depth Rain		1-10		5-10		8-10	
Thermometer.							
Minimum	51°	42°	44°	42°	47°	48°	46°
At 8, A. M.	58	54	53	55	65	65	57
At 12, M.	65	58	55	62	71	62	64
At 3, P. M.	65	58	56	63	73	62	66
Mean	59.75	53.	52.	55.50	64.	59.25	58.25
Barometer.							
At 12, M.	29.9	30.1	30.1	29.9	30.	29.9	29.9

Germantown, Pa. B. J. Leedom.

JUL 8, 1870.

THE

MEDICAL AND SURGICAL REPORTER.

No. 589.] PHILADELPHIA, JUNE 13, 1868. [Vol. XVIII.—No. 24.

Original Department.

Communications.

INSTRUMENTAL DIAGNOSIS.

By Philip S. Wales, M. D.,

Surgeon, U. S. Navy.

(Continued from page 489.)

A New Endoscope.

Not one of the least difficulties by which endoscopy is surrounded is the complex and costly apparatus required in its pursuit. The first instrument proposed for this purpose, that of Desormeaux, is especially obnoxious to these objections. The body of the instrument, or that portion containing the reflector and lamp, is made of bronze metal, and weighs about two pounds. When in use, it is held by the hand grasping the glass lamp which projects below, and by impressing upon it certain directions, the tube in the urethra or bladder is made to assume the various directions required in the examination of their walls. It is evident that the tube thus weighted with such a mass of metal, cannot be manipulated with that amount of delicacy, certainty, and safety, obtainable from a lighter instrument, and which are so essential to the successful exploration of the interior canals and cavities. Such a bulky instrument must also render the operation more or less awkward and trying to the patience, both of the surgeon and of the patient, particularly of the latter. As to the surgeon, his inconvenience will often begin with a somewhat impaired exercise of his tactile sense, arising from the great and unequally distributed weight of the instrument he holds in his hand, and will finally culminate, especially in his first essays, with an inability to put the point of the tube with the proper amount of pressure upon that portion of the bladder which he proposes to examine. Indeed, the patient will sometimes complain of pain from undue pressure, when the surgeon is not conscious of exercising any upon the vesical walls. As regards the patient, it can readily be imagined that such an instrument, connected with a catheter introduced into his bladder, and having a motion independent of that of his body, would soon exhaust his endurance.

Another serious objection to Desormeaux's instrument is, that in a few minutes the heat from the lamp is diffused through the whole mass of metal of which it is composed, even warming up the proximal end of the tube, rendering its manipulation much more inconvenient. In some cases I have found the formidable appearance of the instrument, with smoke issuing from its chimney, to be sufficient terror to the timid patient, making him fidgetty and anxious as to the safety of the operation, that the increasing manœuvres become difficult and exceedingly unsatisfactory.

From the imperfect supply of oxygen to support combustion, in consequence of the defective mechanical construction of the lamp, the wick becomes gradually carbonized, so that the flame, instead of burning brightly as it ought, and will at first, dwindles to a flicker, and diffuses but a small quantity of red light to be reflected by the mirror.

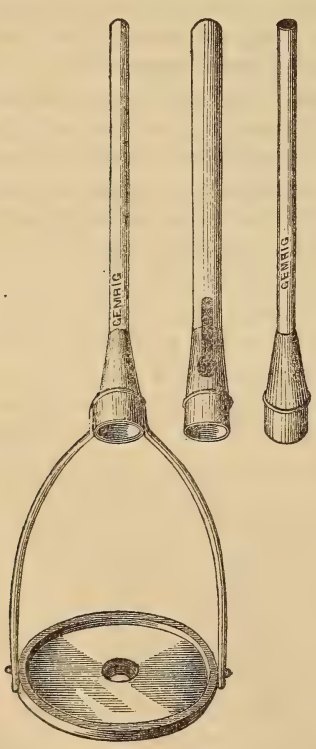
Dr. Cruise has made some improvements upon the original lamp arrangement by the addition of a glass chimney, which obviates in some degree the objectionable feature of imperfect illumination, but the other parts of the instrument are substantially the same as the French one. (See "*Dublin Quarterly Journal*" for May 1865.)

Another serious disadvantage is, that this form of endoscope is exclusively manufactured abroad, and when imported into this country, stands the buyer in about $150.

I have elsewhere, (Med. & Surg. Reporter, May 9th, 1868) described, the instrument of Dr. Warwick, which is free from many of the objections which I have urged against the others; besides it has the advantages over them of greater illuminating power, and being cheaper. I had an instrument made for me, constructed upon the same optical principles as Warwick's, with which I am enabled to obtain very good results; but the necessary lenses and accessories made it still too costly; about $30 was the price.

After numerous experiments, I have the satisfaction of now presenting an endoscope, shown in the annexed cut, at once efficient, simple in construction, with great illuminating power, and moderately cheap.

As furnished by Mr. Gemrig of Philadelphia, the case contains the illuminating mirror, urethral, vesical, and rectal tubes, a stricture knife, porte-caustic, and a twisted-pointed wire stylet.



The peculiarity of the instrument is the mode of illumination which is effected by a concave mirror, three inches in diameter, and ten inches focal length, perforated at its centre. The mirror is supported in a metallic frame, consisting of a broad ring, which is intended to slip over the proximal end of the tube; two slender arms about five inches long, project posteriorly from the ring, and clasp the mirror at opposite points of its periphery, where the connection is secured by two little milled-headed screws. By this arrangement, the mirror is movable around its vertical and central axes, so that it can be set at any desired angle to receive the light which is to be conveyed into the tube.

The source of light may be either natural or artificial. Sunlight yields the best results, enabling the observer to see distinctly the minutest details of the field under observation. As it is impossible in the majority of cases to use sunlight, a gasalier may be employed. In my examinations, I prefer Tobold's modification of the common reading lamp, with which the light may be concentrated upon the mirror.

In using the instrument, the patient may either stand up or lie down, the lamp is placed at his side, in a darkened room, and the surgeon having put his eye behind the perforation in the mirror, adjusts the latter with his right hand, so that light may be thrown into the tube, which is supported in the bladder or urethra by the left hand. As soon as the interior of the tube is fully illuminated, the field formed by the mucous membrane covering its end will come in view.

(Note.) In a future article upon otoscopy, I shall describe an instrument constructed upon the same optical principles for the exploration of the ear.

A CASE OF DISLOCATION AND FRACTURE OF THE HUMERUS.

By Henry M. Lilly, M. D.,
Of Wisconsin.

The following case may be of interest, as showing the results of reduction into the glenoid cavity of the superior extremity of the lower fragment of a broken humerus, while the head of the bone was left permanently dislocated and detached from the shaft.

In October, 1867, Dr. —— entered my office with one of his patients. The Doctor reported that he was first called to the case a

fortnight before, and that he then found the patient suffering from a simple dislocation forward of the left humerus, the result of an accident which had just happened. Without giving any anæsthetic, he set about reducing the dislocation. After a rather violent and somewhat prolonged series of efforts, the bone, as he supposed, went back to its place "with a loud snap." The patient,—a stout man of about 35 years of age,—likewise testified to the "loud snap." After this, the patient was not seen again by the Doctor until the day he was brought to my office.

Upon that day, the Doctor had examined the case before bringing it to my office. He informed me that he had found the dislocation reproduced. He had, therefore, endeavored to replace the bone. But, after long and severe efforts, the head of the humerus still remained beneath the clavicle. He had, therefore, brought the patient in, for the purpose of consulting me, as to what was best to be done.

A careful examination revealed the following facts: 1st. The head of the humerus was lodged beneath the clavicle, near to the caracoid process. 2d. The head of the humerus was detached from the shaft, and presented itself as a hard movable tumor;—the point of fracture being apparently through the surgical neck. 3d. The upper end of the lower fragment of the humerus was safely ensconced in the glenoid cavity, where it seemed to be very securely lodged, notwithstanding the vigorous wrenchings to which the limb had just been subjected. Believing that the foregoing state of affairs had been in existence for a fortnight, I simply remarked to the Doctor that he had better leave the case to nature, and the parties left.

May 28th, 1868—seven months after the injury—the patient presented himself at my office on other business. But before he left the office, I made a thorough examination of the left shoulder and arm. I found that he could move the arm readily into any position except such as required the humerus to be elevated above a right angle with the body. He could place his hand easily upon the top of his head. He was able to follow his avocation as a common laborer, and he considered his arm a very useful member, and was not disposed to complain of the result. The shoulder had lost its rotundity to a certain extent, and the movements of the arm were accompanied generally by a creaking noise in the shoulder, perceptible to bystanders. I have seen several cases of exsection of the head of the humerus, and I think he had as useful a limb as is ever obtained after exsection through the surgical neck. The loose head of the humerus had dropped down into the anterior fold of the axilla.

The reduction of the dislocated humerus, minus its head, was manifestfestly an accidental affair, so far forth as the Doctor was concerned. But the interest of the case centres in the favorable nature of the result. In some cases of dislocation, complicated with fracture, where unusual difficulty may be experienced in replacing the upper fragment into the glenoid cavity, it has been recommended to adopt the treatment to which this patient was unwittingly subjected. But most of our best surgical writers combat the idea as not being likely to result in the production of a joint at all useful to the patient. The foregoing case, however, shows that nature can sometimes make a very good and useful joint in spite of a treatment not to be commended as very excellently surgical.

Our Insane Asylums.

"S. G. H."—probably Dr. S. G. HOWE—writes to the Boston *Advertiser* in sharp criticism of a recent article in the *Atlantic Monthly* on our Insane Asylums. The tone of the article is denounced as mischievous, and while the writer is given credit for earnestness and honesty, his statements are declared wholly untrustworthy." Dr. HOWE says: "The article asserts that our public lunatic hospitals are not only liable to be used by wicked men for the confinement of innocent and sane persons, whom they wish to keep out of sight, but that they are so used, and not unfrequently. So far as regards the public institutions in the northern, middle and western States, this is not only untrue, but almost absurd. An examination of the organization of those institutions will show that it is hardly within the bounds of possibility that it can become true until that organization is entirely changed."

Hospital Reports.

Jefferson Medical College,
Philad., May 13th, 1868.

Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

Large Venous Tumor.

Emily S., æt. 20. This patient has a tumor which occupies the left side of the neck; it is situated below the lobe of the ear, reaching some distance down, but not as far as the collar bone, directly over the outer surface of the sterno-cleido-mastoid muscle. It was first noticed when she was ten months of age; and it is probable, from the fact of its having been recognized at so early a stage of life, that it was congenital. It has gradually grown until it has attained the size now observed. The tumor is of an interesting character.

There is no discoloration of the skin, which seems to be perfectly natural. There is no enlargement of the subcutaneous veins. The tumor can be apparently lifted off from the surface, with which it lies in contact. It is soft; at the same time there is no fluctuation in it, so far as can be discovered. At a number of points there can be felt small circumscribed spaces of hardness, like little shot buried in the tumor, about the size of small garden peas. On holding up the tumor a very marked enlargement of the veins is seen; not the subcutaneous veins, but those seated a little deeper; and these on being stretched present a bluish aspect, as if they were translucent, the contents appearing through the coats of the vessels as well as the integument. Bodies can also be felt like earth-worms under the finger, only larger. Taking all these circumstances into account, the diagnosis is made of varicose enlargement of the veins in this situation. The tumor has somewhat the feel of a fatty tumor, but it is too soft and flabby for one of that character; and it has not the elasticity, which as a general principle is possessed, to a greater or less degree, by an adipose growth. The tumor is known to be benign, from the fact that it has existed so many years; if it were malignant in character, it would have terminated in ulceration long ago, as well as in the destruction of the patient's life.

Nothing will effect a cure in such cases as this excepting the operation of excision; making an excision through the integument, exposing the enlarged vessels, cutting them out, and applying ligatures to prevent hemorrhage. Subcutaneous ligation is impracticable. The subcutaneous injection of the perchloride or sulphate of iron would be eminently dangerous.

The ligation of veins was formerly denounced by surgeons. It was supposed that the application of ligatures to veins was a most dangerous procedure, inasmuch as it was calculated to produce structural inflammation of the veins spreading toward the heart, suppurative, not plastic in character, as in the case of arteries. But it has been ascertained by statistics and the observation of many eminent surgeons and pathologists, that this dread of inflammation of the veins is ill-founded. Prof. Gross has tied veins repeatedly, without any bad effect, so far as he could determine. When large veins are opened in the extirpation of tumors, etc., the proper treatment is to ligate these vessels, so as to prevent the ingress of pus and other fluids calculated to give rise to pyemia and erysipelas.

The operation it is proposed to perform in this case may be perfectly safe. There is always danger in any operation, no matter how slight it may be. Death has been produced by a leech-bite, and by apparently slight causes. But danger of this kind is not taken into consideration. In all operations there must be more or less risk, which the patient must take. The extraction of a tooth has been followed by death; whereas the most formidable operation that can be conceived of has resulted in recovery.

The phlebolites, the hard, shot-like tumors which can here be so distinctly felt, are evidently formed out of fibrinous concretions. The blood contained in the veins coagulates at certain points; the coagula thus formed become organized, and in course of time, by the deposit of phosphate and carbonate of lime, are converted into phlebolites. These concretions are usually of a rounded shape, and vary in numbers; sometimes they are of the size of a partridge's egg, mostly, however, they are quite small.

A case somewhat similar in character to this, in a child four months of age, was operated on at this clinic last winter. In that instance the tumor, a cystic one, was of considerable size, and during the progress of enucleation, Prof. Gross came in contact with what appeared to be a portion of a cyst projecting from the bottom of the wound. It was, however, found to be the internal jugular vein bulging up, the division of which would have much embarrassed the operation, (*vide* Vol. XVII., p. 511). In that case the cyst extended down apparently almost to the vertebræ.

The patient was placed under the influence of chloroform. The tumor was noticed to enlarge during the progress of anæsthesia. A somewhat curvilinear incision was made, and the tumor removed after a tedious and difficult operation. After removal it appeared very much smaller than it did before the operation, as is always the case with a vascular tumor. There was but little loss of blood.

Two weeks after the operation the patient was presented with the wound nearly healed, and the swelling gone. She had a good appetite, and was reported as out of danger.

Varicose Veins.

Jos. K., æt. 30. Two weeks ago this patient was operated on, because of varicose veins of the lower extremity, with the agency of Vienna paste, applied for the space of ten or fifteen minutes. A number of issues were thus made. The object of this operation is to excite inflammation over the enlarged veins, in the hope it shall extend to the coats of the vessel, leading in this way to the coagulation of their contents, and thus ultimately effecting a cure, by producing obliteration of the affected structures.

The eschars are not yet detached.

Necrosis of Humerus.

James K., æt. 6. This child has suffered from an affection of the left humerus for two years. The presence of papillæ here indicate disease of the bone, as they always do when situated over a bone. The patient was placed under the influence of chloroform, the two openings which existed were connected, and several pieces of dead bone removed. The parts were then syringed to remove the debris.

The best application for a few days will be an emollient poultice, medicated with a solution of acetate of lead; afterwards simply a solution of sugar of lead. To-morrow a mild aperient will be administered. The diet should be light. The syringe should be used twice in the twenty-four hours.

If not removed, the fragments of dead bone would keep up irritation forever. The absorbent vessels cannot act upon them, any more than upon pieces of wood.

Two Cases of Lithotomy.

Henry M., æt. 8. He has suffered from symptoms of calculus for eighteen months. During the last three weeks his sufferings have been very great. He seems to be in good health. Upon being sounded, a stone was detected at once.

The child has had no preparation for the operation, because he appears to be in perfect health, excepting the local difficulty. He was placed under the influence of chloroform, and the lateral operation performed. The stone being very brittle, broke down in the grasp of the forceps. The scoop was employed, and the bladder injected to wash out the fragments.

The boy took this morning one-fifth of a grain of morphia. A fifth of a grain will be given hypodermically, when he awakes from the influence of the chloroform.

Adam H., æt. 45; Lehigh county; farmer. He has suffered from stone in the bladder for thirty-six years,—ever since he was nine years of age. He passes water every four or five hours, and is subject to spasm of the bladder, when the pain is very severe, and micturition attended with a great deal of straining.

The sounding indicated the presence of a very large stone. The patient has held his water since eight o'clock this morning.

Chloroform was administered, and the lateral operation performed. After much difficulty in the extraction, owing to the size of the concretion, an enormously large stone was removed,—measuring two and three-quarters, by two and an eighth inches. The parts were necessarily torn considerably in the extraction, complicating the case in that way. More than the customary amount of blood was lost. The rectum was intact. It was impossible to break the calculus.

The stone was of uric acid formation, very hard, with a tuberculated surface.

A hypodermic injection of half a grain of morphia was administered,—to be repeated in the course of the afternoon.

Solution of Quinia for Subcutaneous Injections.

The difficult solubility of the preparations of quinia, and even of the acid sulphate, in water, does not allow much more than a grain at a time to be introduced beneath the skin by the usual mode of injection. The addition of acid does not remove the inconvenience, and it causes severe pain to the patient. It is therefore recommended, in those cases where an energetic action of quinia is desirable, to employ ether as a solvent, instead of water. Ether is far less irritating than diluted acids, alcohol, or chloroform, and its diffusive power is checked by its intimate combination with the resin of the quinia.

Medical Societies.

ASSOCIATION OF MEDICAL SUPERINTENDENTS OF AMERICAN INSTITUTIONS FOR THE INSANE.

22d Annual Session.

The Medical Superintendents of American Institutions for the Insane commenced their twenty-second annual session at the American House in Boston, Massachusetts, on Tuesday, June 22d at ten o'clock. The Association was called to order by Dr. Thomas S. Kirkbride, of the Pennsylvania Hospital for the Insane at Philadelphia, President, and the minutes of the last annual session at Philadelphia were read by the Secretary, Dr. John Curwen, of the Pennsylvania State Lunatic Hospital at Harrisburg.

The members of the Association present, aside from the President and Secretary, already mentioned, were as follows, all of them Superintendents of the Institutions which they represent: Dr. Clement A. Walker, of the Boston Lunatic Hospital at South Boston; Dr. Pliny Earle, of the Northampton Lunatic Hospital at Northampton; Dr. John S. Butler, of the Insane Retreat at Hartford, Ct.; Dr. W. S. Chipley, of the Eastern Lunatic Asylum at Lexington, Ky.; Dr. H. A. Buttolph, of the State Lunatic Asylum at Trenton, N. J.; Dr. R. Hills, of the West Virginia Hospital for the Insane at Weston, Va.; Dr. W. P. Jones, of the Tennessee Hospital for the Insane at Nashville, Tenn.; Dr. J. P. Bancroft, of the New Hampshire Asylum for the Insane at Concord, N. H.; Dr. I. Ray; Dr. D. D. Richardson, of the Insane Department of the Philadelphia Hospital at Philadelphia; Dr. A. M. Shew, of the General Hospital for the Insane at Middletown, Ct.; Dr. C. H. Hughes of the Missouri State Lunatic Asylum at Fulton, Mo.; Dr. R. L. Parsons of the New York City Lunatic Asylum; Dr. John W. Sawyer, of the Butler Hospital at Providence, R. I.; Dr. George C. S. Choate, of the Taunton Lunatic Asylum at Taunton; Dr. J. W. Barstow of Sanford Hall Asylum at Flushing, L. I.; Dr. Byron Stanton of the Northern Ohio Lunatic Asylum at Newburgh, O.; Dr. S. S. Schultz, of the Northern Pennsylvania Hospital for the Insane; Dr. Mark Ranney, of the Iowa Hospital for the Insane at Mount Pleasant, Iowa; Dr. John E. Tyler, of the McLean Asylum at Somerville; Dr. C. H. Nichols, of the Government Hospital for the Insane at Washington, D. C.; and Dr. Francis T. Stribling, of Staunton, Va. Other members will be present during the week.

Invitations were received from the Massachusetts Medical Society, the Superintendent of Fire Alarms, the Trustees of the Public Library, the Bunker Hill Monument Association, the Trustees of the Public Library, the Bunker Hill Monument Association, the Trustees of Music Hall for an organ concert, the Boston Atheneum, the Boston Museum, Harvard College, and several other societies and institutions for visits to their respective places. The usual committees were appointed, and the Business Committee, after a brief recess, reported in favor of attending the organ concert tendered at Music Hall Tuesday evening at 7 o'clock, visiting the South Boston Lunatic Hospital Wednesday, visiting the Massachusetts General Hospital, Harvard College, and McLean Asylum on Thursday, dining at the Asylum, holding a session there, and spending the evening sociably with Dr. Tyler; taking an excursion down the harbor Friday afternoon. It was also reported that the Winthrop Farm, the proposed site for the new Boston Hospital, be visited by a committee on Friday. The other invitations received were gratefully acknowledged, but no definite time could be assigned for a formal and general acceptance of them.

The first subject taken up by the Association was "The project for a general law for determining the legal relations of the insane," and Dr. Ray was called upon to make some remarks in regard to the history and treatment of this question. Dr. Ray alluded to the necessity for having a general law, which should be in force in every State. In order to facilitate the work in preparing such a law, a committee was some time ago appointed, and the laws in the different States were considered and compared. This committee reported at the meeting at Washington in 1864. The points covered in the law were partially discussed at that meeting, and since that time the whole matter has been in abeyance. Experience is every year demonstrating more and more the necessity of such a law, and cases are constantly occurring which urge the subject upon the attention of all persons interested in the treatment and care of the insane. The general sentiment of the community is that no one class of persons ought to have entire and absolute control in regard to cases of insanity. Such a law as is proposed, need not cover all the points in question in regard to the treatment of insanity, and the principle thing to be considered, is in regard to the committal of persons to the insane asylums. He would not advocate the relinquishment of the authority which has long been vested by common consent in the families and friends

of insane persons, but some legal process is necessary for the care of those persons who have no families, or whose families do not care to take such a step. These matters should be attended to legally and properly. Such a law, too, is necessary for the pauper insane, for the authorities who have them in charge, are generally likely to avoid the expense of committing them to asylums as long as possible. Such a law, too, is necessary for the care of the vagrant insane, who have no regular residence, and whose confinement is an act of humanity to themselves, and a means of safety for the community.

At the conclusion of Dr. RAY's remarks he read the statement which had been prepared of the proper form of a General Law, and after a short and informal discussion of the first four sections of the proposed law, relating to the committal of insane persons to asylums, the further consideration of the subject was postponed.

Dr. J. W. BARSTOW, of Flushing, then read a memorial paper in reference to the late Dr. BENJAMIN OGDEN, of New York, one of the earliest and most valued members of the Association. He paid a most affectionate tribute to the professional services and private worth of Dr. OGDEN. Several members of the Association spoke briefly in indorsement of Dr. Barstow's paper, and the Association then adjourned to meet at half-past two.

AFTERNOON SESSION.

At the re-assembling of the Association in the afternoon, Dr. CHARLES A. LEE, of New York, made an address as a delegate from the American Medical Association. He alluded in the strongest terms to the progress that has been made in recent years in the treatment of the insane, and congratulated the Association upon all that its members had been able to do for the advancement of one of the most important departments of medical science. The address was very cordial in its tone, and the Association manifested great pleasure at the interest taken in it and its work, by the Association represented by Dr. Lee.

The subject of a general law in regard to the legal relations of the insane, was then taken up, and Dr. Ray proposed an amendment to the first section of the proposed form of a law which was read in the morning.

Dr. H. M. HARLOW, of the Maine Hospital for the Insane at Augusta, read some extracts from the laws in force in Maine, in regard to the commitment of insane persons. According to those laws, no person who has not reached his or her majority, can be received into an insane asylum, without a certificate of insanity signed by the selectmen of a town, or the mayor and alderman of a city. He believed that this provision of the law had worked well and given general satisfaction.

Mr. S. E. SEWELL, of Melrose, said that he regarded it as of the very first importance, that no persons should be sent to an insane asylum until some impartial tribunal had pronounced upon their insanity. There are always two questions to be answered preliminary to the commitment of a person to an Asylum, and those are, whether the person is insane, and whether that insanity is of such a character as to render commitment to an asylum necessary and proper. He thought that the best way to have these questions satisfactorily settled would be to appoint commissioners of insanity, under whose attention and examination all alleged cases of insanity shall be placed for their decision.

Dr. STRIBLING, of Virginia, and Dr. CHIPLEY, of Kentucky, made some statements in regard to the laws in their States, and Dr. HILL, of West Virginia, spoke in regard to the law in Ohio, which provides that the Judge of Probate shall be the person before whom complaints in regard to insanity shall be made, and by whom examinations shall be made and decisions rendered. He believed that any law upon this subject would be radically defective, unless it provided that every case of alleged insanity, no matter what station in society the person in question may occupy, shall be investigated and decided upon by some judicial officer.

Dr. LEE, Dr. HARLOW, and Dr. CHOATE, of Taunton, regarded it as desirable for the interests of all parties concerned, that the mode and manner of commitment should be carefully guarded. Dr. CHOATE thought it would greatly aid superintendents of asylums in the discharge of their delicate and responsible duties, to have stringent provisions in regard to the commitment of patients. Under the present laws in this State, superintendents may be imposed upon with comparative ease, for neither the names nor signatures of the physicians signing certificates of insanity are in many instances known to the Superintendents to whom they are taken.

Dr. STANTON, of Ohio, indorsed the statement of Dr. HILL, in relation to the law in Ohio, and Dr. BANCROFT, of New Hampshire, expressed his concurrence in the general principle of having some impartial tribunal before which all alleged cases of insanity should be taken for examination.

Dr. CHIPLEY said that the laws in Kentucky

had worked satisfactorily for forty years, and in thirteen years' experience he had never known any person not insane to be presented for reception at the Asylum, except those who were criminally insane. It seemed to him that the safer way was to keep the power of granting certificates of insanity in the hands of the medical profession. He could not see what special qualification a Judge of Probate had for deciding in alleged cases of insanity, over an educated physician, and he thought that the appointment of two lunatic commissioners for each county would rather increase than lessen the opportunities and probabilities for improper decisions and committals.

Dr. Tyler, of Somerville, spoke in regard to the laws in England in relation to the commitment of insane persons. So much trouble is involved and so much publicity caused by the measures there rendered necessary to secure the advantages of an asylum that, in a great number of cases, persons postpone making such applications until it is too late for the hospital treatment to be of any avail. While, therefore, he was in favor of placing all needful and proper restraints about the commitments to asylums, he alluded to the danger of throwing so much publicity about applications for hospital treatment for insane persons as to prevent the applications from being made at all as long as they can possibly be avoided.

Dr. Hill spoke again in advocacy of the principle involved in the Ohio law, and proposed a substitute for the first article of the proposed law, providing for a judicial examination, supported by the sworn testimony of two witnesses, one of whom at least shall be a practicing physician.

Dr. Kirkbride, the President of the Association, spoke earnestly and strongly against the principle of such a tribunal as had been advocated by Dr. Hill. He believed that the interests of the insane themselves would be materially injured by the legal requirements of a judicial examination. Husbands and fathers would suffer great inconveniences, and would very likely imperil the condition of insane wives or daughters, rather than have a municipal or judicial inquest held in their house, and over their families. He regarded the question of commitment to insane asylums as a purely medical matter, and he believed that the interests of all classes concerned would be best subserved by leaving the decision of alleged cases of insanity with the medical profession.

Second Day—*Wednesday, June 3d.*

There were present, in addition to those previously reported, Dr. Samuel E. Shantz, Superintendent of the Minnesota Hospital for the Insane at St. Peter, Minn.; Dr. Joseph D. Lomax, of the Marshall Infirmary at Troy, N.Y.; Dr. Joseph Draper, of the Lunatic Hospital at Worcester, Mass.; Dr. W. Lockhart, of Indianapolis, Ind.; and Dr. Richard Gundry, of the Southern Ohio Lunatic Asylum at Dayton, O.

The consideration of the project for a General Law in regard to the commitment of insane persons to asylums was resumed. Substitutes for the first section of the law as prepared and amended by Dr. Ray, were proposed by Dr. Hills, of West Virginia, and Dr. Chipley, of Kentucky; the former involving the principle of a judicial investigation for all persons, and the latter providing for commitments by families, with certificates of physicians.

Dr. Ranney, of Iowa, expressed his opinion in regard to the importance of the whole subject of commitments, both to the general public, and to those in charge of insane institutions. There might be cases where a judical investigation would be an advantage, but he was opposed to making such a provision for all cases. He thought it would tend to retard admissions in many cases where delay would be dangerous and destructive, and that the evils resulting would be more than the possible advantages. He was, therefore, in favor of having the power of commitment with families and relatives, supported by medical certificates.

Dr. Curwen, Secretary of the Association, urged that the adoption of a system of judicial investigation would involve additional expense to those seeking the advantages of hospital treatment for relatives and friends, and would therefore increase the hardships of a large class of persons who have a right to have the insane members of their families cared for as promptly and economically as possible. Early treatment of insane persons had been always advocated by Asylum Superintendents, and he thought that the adoption of the judicial process of investigation would tend to delay just that treatment which has always been insisted upon as necessary for the good of the patient. In this matter, as in other matters of legislation, the greatest good of the greatest number must be sought, and it is useless to try and adapt all legislation in regard to this matter to the few possible exceptions that may arise.

Dr. Walker, of South Boston, expressed his

entire satisfaction at having the matter of commitments left in the hands of family friends and the medical profession, and protested against the adoption of the judicial process, as unnecessary and uncalled for, and as calculated to retard progress in the whole matter of the treatment of insane persons, and work injury to the classes whose benefit is aimed at.

Dr. Gundry, of Ohio, spoke in advocacy of the judical process of investigation in alleged cases of insanity, as already in practical and successful operation in Ohio. He had known no harm or inconvenience to result to insane persons or their families from the workings of this principle.

Dr. Hills, of West Virginia, spoke in favor of the principle of requiring a judical investigation. He alluded to some of the arguments that had been advanced by Drs. Curwen and Walker, and expressed his strong and earnest belief that the disadvantages of the introduction of the judicial process would be very slight, compared with the benefits and additional safety to all concerned, which would certainly result.

Dr. Harlow, of Maine, advocated the judicial process, on the ground that under that principle all cases of insanity are made a matter of record. He regarded this fact as the key note of the whole matter, and as of great advantage to the officers of Asylums, and to the general public.

Dr. Buttolph, of New Jersey, spoke in regard to the laws and usages of New Jersey in regard to the commitment of insane persons. He thought that it would be unnecessary and unwise to apply the judicial process of investigation to all classes of patients. For those who are supported at the public expense, such an investigation is now provided in New Jersey, and has long worked satisfactorily. But he did not think that such a principle should be applied to the commitments of those who are supported by friends. In a long experience, and in receiving some three thousand patients, he had only known of four persons that were not really and truly insane, and he believed that it would be perfectly safe to leave the matter of commitments to the privacy of the management of families and physicians.

Dr. Hughes, of Missouri, said that some legislation was certainly necessary to protect Superintendents of Insane Asylums, particularly in his State; and he was in favor of having no commitments made unless under competent sworn medical testimony, the competency of that testimony to be certified to by some legal or judicial officer or tribunal. As the law now is in Missouri, any two physicians in the State can secure the commitment of a person, and the *onus* of deciding whether the persons committed are really insane or not, is thrown upon the Superintendents of the Asylums.

Dr. Ray stated that the object in reporting the proposed law was not to propose it to the Legislature of every State, but to realize what has so long been done by common consent and usage. States which are satisfied with their laws are not expected to change them, but it is well that the Association should place itself upon record in favor of some legal form of commitment.

Dr. Earle, of Northampton, said that the diversity of opinion which had been brought out by the discussion, had satisfied him that all the time that could possibly be devoted to the consideration of the matter by the Association, would be insufficient for the completion of the discussion, and he therefore made a motion, which was promptly seconded, that the further consideration of the whole matter be postponed until next year.

Dr. Tyler, of Somerville, said that the passage of no law could reduce or remove the responsibility of Superintendents. They have a most serious and delicate duty to perform, and it is essential that the management of our asylums shall be placed in the hands of men in whom the community have entire cenfidence. Proper precautions should be placed around commitments, but not such restraints as will tend to deter people from seeking the advantage of hospital treatment. A certificate signed by one or two physicians, and the truth of that certificate sworn to before some magistrate, would, he thought, be a sufficient protection for the public in the matter of commitments.

Dr. Hills, Dr. Chipley, Dr. Nichols, of Washington, and others, opposed a postponement until next year, and finally a motion to adjourn until 8 o'clock in the evening was made and carried.

Evening Session.

The consideration of the question of making provision for commitments of patients to Insane Asylums was resumed, when the Association reassembled at 8 o'clock. Dr. Earle withdrew his motion for the postponement of the discussion until next year, and Drs. Chipley and Hills withdrew the substitutes for the first section of the proposed project of a general law which had been offered by them. Dr. Hills then offered the following, which was adopted as the sense of

the Association by a yea and nay vote, Dr. Harlow, of Maine, alone voting in the negative:

"Insane persons may be placed in a hospital for the Insane by their legal guardians, or by their relatives and friends, in case they have no guardians, but never without the certificate of one or more responsible physicians, after a personal examination made within one week of the date thereof; and this certificate to be duly acknowledged before some magistrate or judicial officer, who shall certify to the genuineness of the signature, and of the respectability of the signer."

The remaining sections of the proposed model for a law, as reported by Dr. Ray, were then successively considered and adopted; most of them with but little change of form, and with little debate. The first section was the only one upon which there was any decided diversity of opinion, and the substitute for that section finally adopted seemed to give general and almost unexpected satisfaction to all the members of the Association.

Fourth Day—*Thursday, June 4th.*

On Thursday the members visited the Massachusetts Medical College, Harvard University, and the McLean Asylum at Somerville. These visits occupied the day.

Drs. Buttolph, Lockhart, and Jones, acted as a Committee to visit the State Asylum for the Insane at Tewksbury, the Association, as a body, being unable to accept the invitation given by the Board of State Charities to make such a visit.

MEDICAL SOCIETY OF NEW JERSEY.

102d Anniversary.

The 102d annual meeting of the Medical Society of New Jersey convened at Princeton, on Wednesday, May 27th, with a large attendance from the State, while delegates were present from Rhode Island, New York, and Pennsylvania. These, with the resident physicians of Princeton, and the Faculty of the College of New Jersey, were invited to seats as corresponding members.

Dr. Johnson, of Warren county, the President of the Society, read an able report on Practical Therapeutics.

Dr. Cullen, of Camden, read a paper on Congenital Varus, condemning the use of the knife, and recommending treatment by apparatus at an early age.

Dr. Ryerson, of Sussex county, then read an able essay on the "Mechanism of Labor."

The report of the standing Committee on the Relations of Meteorological Conditions to Disease, was read by Dr. Wickes, of Orange.

The subjects of criminal abortions, of indecent advertisements in the public press relating thereto; the necessity of legal safeguards against the sale and use of deleterious drugs; and the mistakes of uneducated apothecaries, received the earnest attention of the Society, and Committees were appointed in reference to them.

The meeting was one of unusual interest, heightened by a visit to the historic College of New Jersey.

The following officers were elected for the ensuing year:

President—Dr. T. J. Corson, of Trenton.

Vice-Presidents—1st, Dr. W. Pierson, of Orange; 2d, Dr. T. F. Cullen, of Camden; 3d, Dr. Charles Hasbrouck, of Bergen.

Recording Secretary—Dr. Wm. Pierson, Jr., of Orange.

Treasurer—Dr. H. R. Baldwin, of New Brunswick.

Corresponding Secretary—Dr. Charles Hodge, of Trenton.

The Society dined together as usual, and the members were hospitably entertained by Judge R. S. Field.

The next meeting is to be held in Jersey City.

Editorial Department.

Periscope.

Diagnosis of Epilepsy by the Sphygmograph.

Dr. Auguste Voisin, physician to the Salpêtrière Hospital, contributes an article to the *Annales d'Hygiène Publique et de Médecine Légale*, for April, 1868, on the above subject, in which he claims to have discovered a pathognomonic sign of the disease; thus guarding against the possibility of being deceived by malingerers.

This sign consists in an increase of the height of the curve caused by each pulsation of the artery. A few minutes after the attack begins, if the sphygmograph of Marey be placed over the radial artery, the lines will be seen to rise almost perpendicularly, three or four times as high as before the attack, and then, making a rather acute angle, descend with marked characters of dicrotism, or of a rebounding pulse. This phenomenon lasts at least half an hour, and sometimes much longer; in one case as long as six hours.

A long series of experiments was undertaken

to prove the accuracy of this discovery. Both on himself and on the patients, trials were made of the instrument after violent exercise; and it was also tried on a patient who had acknowledged that his attacks had been simulated, and who was induced to repeat them for the express purpose of testing this theory. In these cases the curve was lessened, instead of being increased in height, thus showing greater, instead of less tension in the artery.

From this it results, that in order to determine with certainty the genuineness of an attack of epilepsy, it is only necessary to cause markings to be taken by the instrument in the hour immediately following the attack, and to compare them with markings previously or subsequently taken

The results were found to be the same in epileptiform vertigo as in well marked epilepsy, so that the discovery may prove useful in determining these uncertain cases, as well as in the detection of malingerers.

The above is all that is practically necessary as regards the diagnosis; but M. VOISIN reports one case in which the sphygmograph happened to be in position at the beginning of the attack, and in which, for the first few minutes, exactly the reverse of the above mentioned phenomena was noticed, the curves being very slight.

He explains this apparent exception by supposing that at the beginning of the attack there is an excitation of the great sympathetic nerve, followed rapidly by its paralysis. This would cause at first, therefore, constriction and increased tension of all the arterial system, tending thus to equalize the progressive force of the blood; and, secondly, paralysis of the sympathetic would cause dilatation of the whole arterial system, the result of the uncontrolled action of the spinal nerves.

Reviews and Book Notices.

NOTES ON BOOKS.

On the 1st of July next, JOHN HILLYER, 14 South William street, New York, will issue the first number of the "*Monthly Medical Reprint*," a publication which will be a literal reproduction of the most valuable articles issued in the various British medical journals. These journals are published at high prices, and employ the best talent in the world, but are very largely encumbered with local matters of no interest to the profession at large. The selections will embrace every subject which makes these journals worthy of the support of medical men, and will be brought down to the latest dates, thus always giving to subscribers the most recent European facts and discoveries in medical and surgical science. This monthly will be regularly issued, in good style, and will be published at five dollars per annum.

The following important medical and scientific works have recently appeared:

Prof. CH. ROBIN'S "Microscopic Anatomy, Anatomical Elements, Comparative Anatomy, and Physiology of Epithelia."

Dr. L. SOULIGOUX'S "Diagnostic Médical et Chirurgical" by physical means, with thirty figures in the text.

"Atlas Météorologique de l'Observatoire Impérial de Paris, 1866," framed from documents collected and discussed by the county committees, normal schools, etc., etc., with 28 general maps and 20 county maps, 15f.

ABBÉ MOIGNO'S "Eclairages Modernes" (lighting by oils and essences of petroleum, lighting by magnesium, by oxyhydrogen gas, by electric light, and the regulation of the pressure of gas.)

One of the most elaborate and valuable original scientific works of the present day has been brought to a conclusion. This is the "Dictionary of Chemistry and the Allied Branches of other Sciences," by HENRY WATTS, assisted by eminent scientific and competent chemists. The fifth and final volume has just been published by LONGMAN & Co., London.

Lectures on Ventilation: Being a Course Delivered in the Franklin Institute of Philadelphia, during the winter of 1866-67. By LEWIS W. LEEDS, Special Agent of the Quartermaster-General, for the ventilation of Government Hospitals during the war; and Consulting Engineer of ventilation and heating for the U. S. Treasury Department. New York: JOHN WILEY & SON, Publishers, 1868. 8vo., pp. 60. With illustrations.

Probably no man now living in this country has paid so much attention to the subject of ventilation as the author of this book. Large opportunities and experience in hospitals, especially at the west, during the war, and much private and public observation since, as well as careful study of the principles involved, have fitted Mr. LEEDS preëminently to give instruction upon it. The style of the lectures is animated and agreeable; the statements always lucid and precise. All who wish to be well informed upon the subject—and who does not?—should avail themselves of Mr. LEED'S book. Testimony to its reliability is appended by the publishers, in the form of letters of endorsement from Drs. E. M. SNOW, E. HARRIS, F. H. HAMILTON, Mr. F. LAW OLMSTED, and others.

Medical and Surgical Reporter.

PHILADELPHIA, JUNE 13, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require as little revision as possible.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

INFANT MORTALITY.

The recklessness of human life which characterizes our municipal administrations is something horrible to contemplate. If by positive misprision of felony, we understand the most reckless maladministration in offices of high public trust, then our common councils and other city officers are guilty of this grave offence. For by *preventable* causes,—causes which they can prevent, and are paid to prevent,—thousands of lives are lost to the country every year.

Let us take the official statistics of three cities on the Atlantic coast during the past year, New York, Brooklyn, and Philadelphia—no worse, doubtless, than their neighbors—and compare their bills of infant mortality with their births. The births in New York were 29,000; the number of infants that died before their first birth-day was 7,494, or little less than one-fourth of the whole number born alive. Brooklyn shows 3009 deaths under one year, to about 12,000 births. And Philadelphia, which has at sundry times boasted of its superior healthiness and cleanliness, makes the not less appalling exhibit of 4325 deaths against 16,227 births of living children. In this latter city, 31.04 per cent., or very nearly one-third of the whole number of deaths during the year, was of children under one year of age!

Now if this were a normal condition of things, or if it was anything near the proportion which ought to exist between infant and adult mortality, we would have nothing to say. But it is scandalously out of proportion. We know perfectly well from the statistics of country towns and well-ordered municipalities, that this is at the least twice too high a death-rate; in other words, we know that more children are annually slaughtered in this pretended Christian country every year, in every one of our great cities, by the wilful neglect, and criminal carelessness of officials, than King Herod slew in Bethlehem of Judea—which is said to have been two thousand. There are no milder terms with which we can depict the true state of the case. For as it is well expressed in the last Annual Report of the Metropolitan Board of Health in New York (p. 94): "If sanitary science is not a fable, and if the principles of physiology and the lessons of experience and of medical observation are not altogether fallacious, then it is true that fully one-half this child-mortality is preventable by sanitary measures."

What is more ominous is, that if anything, this horrible disproportion is increasing from year to year, and that the causes which operate to produce it are consequently on the increase. What are these causes?

They are owing first to the outrageous neglect of the simplest laws of hygiene. The streets and allies of the cities are allowed to reek with filth, and become the breeding spots of pestilence. Those whose duty it is to clean them avoid their obligations, and bribe to silence the officials who should force them to fulfil their agreements. Quantities of vegetables and meats are sold, which are utterly unfit for use. The milk which is vended through the streets is the product of diseased cows fed on distillery slops, or is an adulterated and half-fermenting fluid, brought over miles of railway. Dangerous nostrums called "Infant Remedies" and "Soothing Syrups," containing opium and other poisonous drugs to stupefy the babe's mind, and destroy its digestive functions, are permitted to be hawked about and sold at every corner grocery. No provisions are made for public baths, which are far more useful in a community than fashionable churches. And the public men who are paid to attend to the welfare of the citizens, are held to no accountability either

by the people or their own consciences, when they shamefully disregard their oaths of duty.

Whither will all this lead? We do not know, but we may rest assured that nature's laws know justice and not mercy, and that though the mill of the gods grinds slowly, it grinds exceeding fine.

Notes and Comments.

The Compendium.

In preparing our Half-Yearly Compendium of Medical Science for July, we have been somewhat embarrassed from the fact that very few of our exchanges send copies to the Compendium. We have consequently been obliged to depend exclusively on our Reporter files of many American journals, which has added much to our labors. Will exchanges make a note of this, and enter the Compendium on their list of exchanges?

Our foreign exchanges now comprise nearly all the medical periodical literature of the world. We thus have the material for making the Compendium the most complete journal of its class that is published anywhere.

Meeting of Superintendents of Hospitals for the Insane.

Through the polite attention of Dr. Charles A. Lee we are enabled to present a full report of the proceedings of the meeting of the Association of Superintendents of American Institutions for the Insane, held at Boston last week. As the debates are chiefly on a subject that is just now exciting much interest and attention, we give the report in full as prepared for the Boston *Morning Journal*.

From the same source, we are in possession of a full report of the Massachusetts Medical Society, also held in Boston last week, but are compelled to postpone it until next week for want of space.

Prize Essays.

Prof. Roberts Bartholow, of Cincinnati, favorably known by a number of useful monographs on medical science, has won both prizes, of $200 each, offered by the Connecticut State Medical Society. The subjects were "The Proper Use, and Abuse of Quinine," and "The Best Hygienic Measures for the Preservation of an Army."

We understand there were seven competitors for one, and five for the other of those prizes. We are really glad on Dr. B.'s account, for if any man was worthy of it, it was he. He is a true votary to science, and one of the most persevering and industrious men in the field of medical literature.

It were well, if the prevailing mania for lecturing were to give place to a little more silent study among the younger members of the profession.

Hypodermic Injections.

Dr. Samuel York, of Lewiston, Maine, writes to us that he injected one-ninth of a grain of acetate of morphia into the arm of a soldier for neuralgia of the tri-facial nerve. The patient had been suffering for ten months with chronic diarrhœa, pronounced incurable. Singularly enough, not only did the neuralgic pain at once cease, but the diarrhœa also, and he has remained ever since in good health.

Effect of Ergot.

Our friend, Dr. W. Noden, of Canada, relates an incident in his practice, not less odd than the above.

A female patient who had had three children, aged 38, delicate, nervous, and fearful, or much alarmed, was in labor. Pains irregular, feeble, irritating, been so for 14 hours. Gave f.℥ij. vin. ergotæ, in f.℥j. doses, at intervals, and ℥iij. of powdered ergot at intervals of twenty minutes, in proper doses. After taking the whole (*of a good article*), the patient went to sleep, slept for two hours; awoke, pains came regular, and in less than one hour the baby was born, and both did well.

Procured Abortions, and Criminal Advertisements.

The Academy of Medicine of Cincinnati, in regular session May 25, 1868, *unanimously* adopted the following resolutions, submitted by a special committee appointed to report upon "procured abortion and criminal advertisements."

The committee to whom was referred the consideration of procured abortion and the criminal advertising of the means and instrumentalities of producing the same, or preventing impregnation, respectfully report as follows:

1st. Crimnial abortions are fearfully frequent.

2d. That, as a general rule, the crime is committed by *irregular* practitioners of medicine, by certain female "accoucheurs," and by apothecaries who vend certain nostrums to correct suppressed menstruation.

3. That we believe the advertisements of abortionists and abortion drugs encourage the practice of abortion, and is *criminal*, and, therefore, the Academy of Medicine should earnestly protest against the admission by the press, of such advertisements.

4th. That the Academy appoint a standing Committee to fortify, as much as possible, the Health Officer of Cincinnati in the prosecution of such offenders.

5th. That it is the duty of all good citizens, and especially physicians, to discourage the circulation and patronage of the journals in which are published the advertisements of those who profess to produce abortion, or prevent impregnation.

Correspondence.

DOMESTIC.

Milk or Mammary Abscess.

Editors Medical and Surgical Reporter:

In the course of a few years practice I have met with several cases in which mammary or milk abscess was threatened after parturition and premature labor, and in which none of the remedies spoken of in the ordinary text-books on obstetrics seemed to be of the slightest avail.

One mode of treatment happily suggested itself to me, which in every instance in my hands was eminently successful, and which I am confident will be equally so in the hands of other practitioners. I will give you a short history of a few of the cases, by way of illustration.

On the 1st of March, 1867, I attended a lady who was prematurely delivered of a six months' fœtus. Everything passed off as well as could be expected, and on the second or third day the usual excitement took place in the breasts, which increased in size, until each of them became fully as large as a man's head. In this state they were a source of great trouble and inconvenience to her, every movement of the arms producing very considerable pain. Ext. of belladonna, camphorated spirit of vinegar, etc., were used by me as external applications; and iodide of potassium internally as an antilactescent, without the slightest benefit; while in a very few days, on the outer and lower part of the right breast the color became of a livid red, pitting on pressure, and presenting every appearance of the formation of abscess. At this juncture I thought that if strapping were so beneficial in swelled testicle, it should be equally so in the case before me; so I procured a number of strips of adhesive plaster, (emplastrum plumbi,) of sufficient length, and about half an inch in width, and commencing at the upper and inner part of the breast, I passed one rather tightly round the base of the breast, bringing it up on the outer side, and crossing it over the upper part of the sternum. This formed the breast into a conical shape, and I passed other straps in the same manner around it, until it was almost covered with adhesive plaster. I proceeded in a similar manner with the other breast. The lady expressed herself instantly and very much relieved; the unpleasant dragging weight had disappeared, while from the support afforded by the strapping she felt very comfortable. Next day the straps had become quite loose, from the breasts having decreased in size, so I removed them, applying others in a similar manner, for the two or three succeeding days; at the end of which time the breasts had returned to their natural size, and every appearance of trouble was gone.

Last September I attended a lady at the ordinary period of confinement, and everything progressed very favorably. She had, however, concealed from me the fact that at a former delivery the nipple of the left breast had become impervious, and in the course of six or eight days that breast had grown exceeding large and troublesome. I strapped it in a manner similar to that described above, and repeated it for a few days with an equally pleasing result.

Some three months since I had another case, that of a premature birth, (about five months,) and when the breasts filled up, I attempted or applied no other remedy but the strapping, and it was only necessary to apply it once, when every trace of excitement disappeared.

Some few other cases of a similar nature have occurred to me, in each of which the same remedy was used, and from the good effects following its use, I am inclined to the opinion that it is much preferable to every other application; and in none of the various text-books on midwifery, or in the course of my reading, have I seen any mention whatever made of it. In cases of premature labor or abortion, or where from any cause it is inexpedient that the mother should suckle her babe, and any trouble is anticipated from the breasts, no other application should be resorted to, as though they may be successful, still to my mind there is a risk attending them, of which the strapping is divested; the only precaution which I would suggest being that practitioners should not wait for any doubtful or bad symptom to take place, but at an early period apply the straps, when I am very confident they will be highly pleased with the result.

William J. Wilson, M. D.,
Assist. Surgeon U. S. A.
Holly Springs, Miss., May 26, 1868.

[We understand our correspondent's remarks to apply particularly to *acute* mammary abscess. Well regulated and graduated pressure by adhe-

sive straps or collodion, in *chronic* mammary abscess, is mentioned in all the recent text-books, but as a preventive measure, and in the acute variety, it is not so well known.—EDS.]

Military Position of the Medical Staff.

EDITORS MED. AND SURG. REPORTER:

I have read with extreme interest your very sensible article on the "Military Position of the Medical Staff." A letter from one solitary medical officer, if ever read by any of our legislators, would have very little, if any weight, but backed by a leading article like yours, we may hope for a brighter horizon! Your observations apply more especially to the navy. I am by no means at a loss to understand why so few are willing to join so disagreeable a service. It is bad enough in the army, but the idea of being boxed up in an iron-clad, with three or four executive officers who are superior in rank, and who, if not ranking, invariably regard the doctor as neither fish nor fowl, and as fair game for chaff, is simply disgusting. With few exceptions, the position of medical officer, in army or navy, is no sinecure to a gentleman who possesses "amour propre." How often, may I ask, are his recommendations attended to? He can give no orders, except to his steward or his patients. It is all very well to keep up the honor and dignity of the medical staff by requiring candidates to present extra qualifications, but I hold, that unless their position and rank after being commissioned, ensure them corresponding dignity and respect, the former to be a dead letter. New army regulations are about to be issued. Reforms are going on. Are we to be left out in the cold? The medical staff of our army is serving all over this vast and mighty land, and there can therefore be no union of action between us. Many are satisfied with a residence on the plains, with plenty of tobacco, and a quiet though wild life, hoping for something better to turn up. Others again hold good positions in Washington in the Surgeon-General's Office, and can never come into collision with a second lieutenant as commanding, nor be under the orders of an uneducated man who cannot speak three words of English correctly, and who, if the Doctor suggests anything for the benefit of the troops, either snubs him at once for his pains, or else promises with a bad grace to do what he never intends to perform, and said recommendation invariably dies a natural death. These facts are so common, and of such frequent occurrence, that many doctors, in order to insure themselves a quiet life, never recommend anything, preferring, of course, their own comfort, gained only by keeping on good terms with their commanding officer, (for official business and private affairs are always mixed up by the latter,) to the welfare of the troops. Others again fight with the pen, and often gain the day too late. Cases are referred to Washington, and an endorsement favorable to the medical department often arrives, but the unhappy Pill has, in the meantime, in an underhand manner, been removed to a smaller and worse station, because he did his duty. All the facts mentioned above have happened to me; consequently, I can vouch for the truth of this, and I know, as I write this, that many doctors in the service, who may read it, will exclaim, "Precisely what we ourselves have experienced."

We believe we are the smartest nation in all creation, but we are behind-hand in many important particulars. In the English Government Emigration Service, it was found so detrimental to the service to have the surgeon under the orders of the commander of the ship, (who, by the way, in education, style, and gentlemanly conduct, often matched in a wonderful manner some of the line officers who have crept into the army since the war,) that the Government passed a law, making the doctor "Surgeon Superintendent," and he, at the end of the voyage, has to sign a certificate as to the captain's conduct to his passengers during the voyage. His refusal to sign the same causes the captain's pay to be stopped. Before this law was in force, the doctor was, as we are now, under the orders of the commanding officer of any little post (ship) he happened to be sent to, and, as I stated above, had to play the hypocrite to ensure himself a tolerably quiet life. Now the ship surgeon is in the position of an independent gentleman; the army surgeon is a subordinate to all intents and purposes, and is often commanded by an officer of inferior rank. I see, from your editorial, that the naval medical officers have organized for the purpose of obtaining increased rank. I would suggest the expediency of the army staff following so good an example. "Union is strength," and it may require the unanimous determination of all before our proper status be gained. You have only to look at the list of medical officers published in the Surgeon-General's Office, and see the name of R. C. WOOD, with the real rank only of major. He has been nearly forty years in the service. Other officers of equal merit, and over twenty years' service, also rejoice in this real rank, but with perhaps no end of brevets, which are indeed but empty titles.

Now without trespassing further on your valuable space, I would suggest as remedies for this state of affairs:

1st. That the medical staff shall consist of Surgeon-General, Inspector-General, Deputy Inspector-General, Inspector of Hospitals, Deputy Inspector of Hospitals, Surgeon-Major, with rank of Colonel after twenty years' service, Surgeon-Major, with rank of Lieutenant-Colonel under twenty years, Surgeons of the first class after five years' service, and Surgeons of second class, under five years, doing away altogether with the title of Assistant Surgeon, which is in reality, "infra dig." All professional men know that these latter possess the same qualifications as Surgeons, and are "bona fide" Surgeons, being M. D.s, and fully qualified to practice surgery and medicine anywhere; but the public and the line of the army *do not know all this*, and consequently the Assistant Surgeon is not in his proper position by any means, either socially or in a military sense. I hope most enlightened men are aware of the difficulty of passing for Assistant Surgeon in the regular army; and if they are, I simply ask them if they consider the grade of First Lieutenant enough for such distinguished men? for distinguished they are! and this is fully corroborated by the statistics of the Surgeon-General's Office, by which the hundreds of rejected candidates, all full blown M. D.s, (launched upon the world with a regular license to kill men, women, and children, but who, nevertheless, are not found qualified to slaughter Uncle Sam's blue-coated boys,) may be ascertained.

2dly. That, like the "ordnance department," the medical staff department should be an independent department, Surgeons and Assistant Surgeons being sent to posts where they are desired, on the application by commanding officers to the medical director of the district or department, and not having to report for duty to some first or second lieutenant, who is often overbearing, dictatorial, and redolent with lager. The advantages of such a system have been fully shown above.

3dly. That the pay be increased so as to allow a gentleman to live and act as a gentleman, and not to be obliged to go to second-rate hotels, and dress his wife in calico, and never be able to afford to take a month's leave, because he is too poor, when after the arduous and fatiguing duties of his position, and a residence in an unhealthy climate, together with length of service, he is entitled to a furlough or leave.

An Assistant Surgeon.

The South.

Editors Medical and Surgical Reporter:

The change visible in the profession here, the forms of disease, and practice, are marked. Physicians suffered greatly during the late war, their libraries, medical supplies, and periodical literature almost disappeared. The President elect, Dr. Baldwin, of the American Medical Association, rightly affirms that the profession at the South stand "amidst the memories of blasted hopes and ruined fortunes, yet while there is a grief at the heart, he urges us to wipe from it all traces of bitterness, and drape its memories, and sanctify its sadness with the Christian virtues of charity, forgiveness, and fraternal love."

During the war casualties took the place of ordinary maladies. The decrease of male population, with a preponderance of the other sex, is marked. I have had one example of error of diagnosis presented to my notice, that of a soldier who received a blow over the nose with a musket. After his return home from the army, his father, a physician, pronounced him scrofulous, and the community among whom he lives in the country, because of his previous intemperate habits, excluded him from society on the worse suspicion that he had syphilis. The treatment, locally, of caustics and iodine, and an obturator applied over the orifice in the palate bone, and cod-liver oil internally, soon restored this patient to health.

I have met with a single case of spotted fever, or cerebro-spinal meningitis. In 1864 and 1865, this malignant fever prevailed in the wards of several hospitals in Washington City in midsummer. No one can watch the progress of this malady without the full conviction that it is a distinct disease *sui generis*. The pain and suffering are beyond description. Death is often sudden. With respect to its history, I find Copeland's Dictionary of Medicine to present the best account. In 1505 it prevailed over the greater part of Europe. We can trace it, under the name of hospital, putrid, or spotted fever, during the last century, and following in the train of the great European armies. The cause is due to the evils incident to war, and the scarcity of proper food. Indeed, the Germans have applied to it the name of kreig's pest—pestis bellica—from the fact that the disease occurs most often in the time of war. Prompt and active treatment is demanded—brisk cathartics frictions of oil of turpentine, opiates, and wine.

A single word as to the weather. Frequent storms of wind and rain, resembling the pampero

of the La Platte, or our Gulf northers, have prevailed for several years past. When from the northeast, they were the prolific source of nervous and inflammatory disorders. The hottest weather has been in June, and the coldest in February. During such extremes diseases were invariably most fatal. †

Washington City, June 4, 1868.

Renal Abscess.

EDITORS MED. AND SURG. REPORTER:

I send the following case, of some interest:

Mrs. S., a young American woman, of good constitution and fair health, bilious temperament, age 35, and mother of one child, complained for a month previous, of pains in the back and lumbar region, and was taken worse and sent for me Aug. 2d, 1867. A tumor, to the feel large and oval, about three inches in length, was diagnosed in the right lumbar region, rather obscure in character, and deep-seated, not nodulated, but having no motion. Pulse 86, slightly quickened and irritable; pain severe, but intermittent; no disease known to exist in the kidneys or bladder, or elsewhere, within fifteen years ago, when she had the small-pox. She was treated by quinine, iod. pot., and fluid ext. buchu in free doses. Dover's powder, grs. xv., at night, and warm fomentations.

Oct. 3d. Tumor very evident to the eye, and was tried by the exploring needle, evidently containing pus. I made a small partial subcutaneous opening about an inch above and back from the crest of the ilium, and in three days forty ounces of greenish, thin, purulent matter was discharged, the opening being closed by adhesive plaster; when the pressure was removed, followed by more or less of the same character, gradually diminishing, but exceedingly offensive at the last. Constitutional disturbance very great.

Oct. 14th. Pulse 110, most of the time above 100; great debility; countenance sallow and feet swollen; character of urine alkaline, with no change observable.

Oct. 14th—20th. Quinine, ʒj., iodid. potass., every twenty-four hours. Milk punch and free diet given. At this time the urinous odor led to an examination, and more or less urine was contained in the subsequent discharges for two weeks, when it was discontinued, as far as common tests would show. No concretions or any solid substances were found on repeated examinations. Quinine and iodid potass., in smaller doses, continued about a month, with cod-liver oil, and the wound closed in forty-two days from the operation. Menstruation, suspended three months, was now restored, and no evident sequelæ followed. Patient entirely recovered at this date. Query.—What was the cause and character of this attack?

H. L. W. BURRITT, M. D.

Bridgport, Conn., May 23, 1868.

Powers of Endurance Under Difficulties.

EDITORS MEDICAL AND SURGICAL REPORTER:

On the 1st. of May 1868, I was called to make a post-mortem examination upon the body of an infant found in the vault of a privy, which elicited the following facts.

Miss B., æt. 18 years, was delivered of a child at full term in a room adjoining that occupied by the family, with so much secrecy, and so little disturbance, as not to alarm or excite the suspicion of any member of the family. She had managed the whole matter, taken care of the secundines, hæmorrhage, and all, with such "neatness and dispatch" that no suspicion was excited, till the child was discovered the following day in the vault. She must have left her room, carried the child about two hundred yards, deposited it in the vault of the privy, returned to her room, prepared herself, and appeared at the breakfast table in the morning, and as usual partook of a hearty meal. Afterward she walked one-half mile to her school, taught all day, returned to her boarding-house in the evening with no appearance of having suffered in the least. On the day following she accompanied the father of the child to his home, a distance of twelve miles, with no serious results then, and has ever since that time been well. I will also add that she was married on the 7th of May to the father of the child, just seven days after her delivery.

Under any ordinary circumstances, so much exposure and fatigue, following such a shock to the system, as is produced by child-birth, would have been followed by serious consequences. Is it not a fact that a determined spirit and a strong *will* possess a great conservative power, many times preventing disease? For surely under ordinary circumstances we have predicted terrible results following such exposure.

H. D. BALLARD, M.D.

Findlay, Ohio, May 29th, 1868.

—— About forty years ago Dr. ASAHEL BURBANK and Dr. WILLIAM H. TYLER, physicians in Lanesborough, Mass., purchased twelve pickerel in Stockbridge, which cost them one dollar each, and placed them in Lanesborough pond, from which stock the pond has gained its modern renown for pickerel fishing.

News and Miscellany.

Queen's County (N. Y.) Medical Society.

This Society met at the Court House at North Hempstead recently, and elected the following named officers for the ensuing year: President—Rev. D. B. Whiting, of East Norwich; Vice-President—Dr. F. Field, of Roslyn; Secretary and Treasurer—Dr. W. D. Wood, of Jamaica; Delegate to State Medical Society—Dr. D. B. Whiting; Delegates to the American Medical Association—Dr. W. D. Wood and Dr. W. Lindsay.

Antiquarian Collections.

Among recent additions to the British Museum Library are the following: An Arabic papyrus, dated A. H. 133, (A. D. 750,) one of the earliest specimens of Arabic writing, a Hebrew service-book of the fifteenth century, with grotesque initials, and a Coptic papyrus of the eighth century. Amongst the objects acquired by the department of oriental antiquities are the royal signet cylinder of Ilgi, son of Urekh, who reigned in Lower Babylonia about 2050 B. C.; and a cylinder of Chaldean workmanship, having the Persian name Nandakhya inscribed in cuneiform over the original device at an interval of at least one thousand five hundred years after its first engraving. The department of Greek and Roman antiquities also has been greatly enriched during the past year. Among the contributions is a skull sculptured in marble, rather larger than nature, found in the ruins of one of the palaces of Tiberius at Capri.

NAVY NEWS.

List of changes, etc., in the Medical Corps of the Navy during the week ending June 6th, 1868,

Surgeon J. J. Abernethy, detached from Naval Hospital, Pensacola, Florida, and waiting orders.

Acting Past Assistant Surgeon, N. L. Campbell, ordered to temporary duty at Naval Hospital and Station, Pensacola, Fla.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

Appleby—Kelly.—At Govane Parsonage, near Baltimore, Md, May 14, by the Rev. J. H. Kaufman, Dr. J. F. R. Appleby, of Georgetown, D. C., and Miss A. R. Kelly, of Maryland.

Cissell—Rittenhouse.—In Bridge Street Presbyterian Church, Georgetown, D. C., May 28th, by the Rev. A. A. E. Taylor, Dr. R. S. T. Cissell, of New York city, and Miss Clem. C. Rittenhouse, daughter of B. F. Rittenhouse, Esq., of Georgetown.

Curry—Robinson.—In this city, on June 3d, by Rev. Wm. Cooper, D. D., William Curry, M. D., of St. John's, N. B., and Annie Robinson, of Philadelphia,

Emerson—Tompkins.—In New York, June 2, by the Rev. A. H. Partridge, Dr. J. Haven Emerson and Susan, daughter of Ray Tompkins, Esq., both of that city.

Lineaweaver—Crane.—June 2, 1868, by Rev. Roger Owen, of Philadelphia, Dr. John K. Lineaweaver and Jennie S., eldest daughter of Robert Crane, Esq., of Columbia, Pa.

Temple—Warfield.—In Charlemont, Mass., May 25, by Rev. J. H. Gaylord, Hiram Temple, M. D., and Abby J. Warfield, both of C.

Van Iderstine—Pratt,—In New York, June 3, at the Madison Avenue Baptist Church, by the Rev. J. S. Holme, F. A. Van Iderstine, of that city, and Addie C. daughter of Dr. L. M. Pratt, of Albany, N. Y.

Wheelock—Robertson.—At the West Spruce Street Church, Philadelphia, on the 3d inst., by the Rev. Wm. P. Breed, D. D., George G. Wheelock, M. D., of New York, and Madge, eldest daughter of the late Archibald Robertson, Esq., of this city.

DIED.

Platt.—In Rhinebeck, N. Y., May 16th, Eliphalet Platt, M. D., in the 72d year of his age.

OBITUARY.

Dr. Eliphalet Platt.

Dr. Platt died at his residence in Rhinebeck, N. Y., on the 16th of May. For about forty years he had been engaged with singleness of purpose and untiring assiduity in the practice of medicine in that village and vicinity. Dr. Platt was a man of superior talents and attainments—possessing a cultivated mind, enriched with useful, practical, and scientific knowledge, and adorned with the graces of literature—all the results of his vast research, constant study and observation, were brought to bear in his profession, thereby rendering him a most skilful and scientific practitioner, and placing him in the front rank of the profession. He was withal a man of kind heart, of generous impulses, an earnest advocate of the right, and ever ready to relieve suffering in w' atever form it came under his observation.

In private life he was a man of irreproachable character, a Christian gentleman, beloved and esteemed in every social relationship.

Resolutions of respect for the memory of Dr. Platt were passed by the Vestry of the Episcopal Church at Rhinebeck, of which he was Senior Warden.

ANSWERS TO CORRESPONDENTS.

Dr. J. M. Q., of Mo.—A set of obstetrical instruments costs $15.00. Hodge's forceps, $7.50.

Dr. J. B. B., of Ala.—"What of an instrument called the 'Organic Vibrator,' offered to all afflicted with deafness by one T. H. Stillwell, M. D., of New York city? Is Stillwell a scientific aurist or a charlatan?" No such name is in the Medical Register of New York City, and we have little doubt but that he belongs to the innumerable army of irregulars.

METEOROLOGY.

May,	25,	26,	27,	28,	29,	30,	31.
Wind	W.	N.	S.	N. E.	N. E.	E.	N. W.
Weather	Cl'dy.	Cl'dy.	Clear.	Cl'dy. Rain.	Cl'dy.	Cl'dy.	Clear.
Depth Rain				1-10			
Thermometer.							
Minimum	50°	53°	50°	48°	51°	54°	57°
At 8, A. M.	65	64	63	54	58	62	68
At 12, M.	71	70	71	62	62	74	71
At 3, P. M.	70	74	75	62*	66	78	73
Mean	64.	65.25	64.75	56.50	59.25	67.	67.25
Barometer.							
At 12, M.	30.	30.1	29.9	29.9	29.9	29.9	30.1

Germantown, Pa. B. J. Leedom.

JUN 8 1870

THE

MEDICAL AND SURGICAL REPORTER.

No. 590.] PHILADELPHIA, JUNE 20, 1868. [Vol. XVIII.—No. 25.

Original Department.

Communications.

INSTRUMENTAL DIAGNOSIS.

By Philip S. Wales, M. D.,

Surgeon, U. S. Navy.

(Continued from page 506.)

Ophthalmoscopic Characters of Diseases of the Optic Nerve.

1. Inflammation of the Optic Nerve.

The optic nerve, although in the majority of cases sharing in inflammation of the adjacent structures, by reason of their contiguity and continuity, yet is sometimes independently the seat of inflammatory action, which may affect the whole extent of the nerve incased in the ocular membranes, or be limited either to its deeper portions, or to its point of entrance and expansion in the retina. In the first and second instances, it will be all but impossible to diagnose the morbid state with any degree of certainty with the ophthalmoscope; when the inflammation involves the optic disk, the case is to a certain extent otherwise, the instrument being then of essential service. But even here difficulties of another nature often beset the diagnosis, inasmuch as the vitreous humor may participate in structural change, becoming misty, obscured, or in some other manner so altered as to occlude the rays of light impinging upon the fundus of the eye. If the neuritis is but very slight, so as not to give rise to much change, beyond a sparing serous effusion, it may then be quite possible to detect a slight alteration in the color of the optic disk, which becomes of a dirty grayish tint, modified in most cases with yellow or brown. A still higher grade of action involves the integrity of the disk by the production of abundant nuclei and cells, which confer upon it a still more decided change of color; blurring the definition of its outlines, and very often also the perception of the entrance of the central arteries and veins. This obscuration of the margin of the disc and the entrance of the vessel are still further increased by the enlargement of the nerve fibres and the development of the capillaries upon its surface.

Surrounded, as optic neuritis is, by all these difficulties of arriving at a satisfactory diagnosis, yet the above mentioned morbid changes, when taken in connection with the history of the case and the subjective symptoms, will materially aid the practitioner in arriving at a satisfactory conclusion as to the nature of the disease, and assist him in selecting the appropriate therapeutical agents.

Some cases, however, present themselves occasionally, in which the inflammatory action, either in consequence of the increased action of the vessels or interstitial deposits, or both together, cause a general elevation of the optic papillæ above the surrounding surface, or a more limited disturbance of its surface, so that the latter presents the appearance of bossellation, or little prominences scattered here and there over the surface.

2. Atrophy of the Optic Nerve.

Atrophy of the optic nerve is unquestionably sometimes the result of optic neuritis, but more frequently originates from atrophic degeneration, the consequence of impaired nutrition from defective vascular supply caused by various forms of disease located within the eyeball itself, the orbit, or in the cranial cavity. Among these causes may be mentioned tumors, simple or malignant, located in the ocular tissues, or in the brain; concretions of various characters in the optic nerve; acute and chronic diseases, mostly some form of inflammation of the encephalic centres or their enveloping membranes, originating

from local causes, such as injuries of the orbit or cranium, echinococcus in the cerebral tissues; or depending upon some constitutional affection, such as scrofula, the exanthematous fevers, etc.

Under the operation of these morbific causes, the optic nerve will be found to have undergone alterations of a varied character; its shape changes from the natural rounded form to one of flattened or irregular routlines; the neurilemma is wasted or altogether wanting, while the fribrils themselves are greatly altered, as regards color and size; the interval between the nerve and its enveloping sheath is the seat of exudative accumulation, so that these parts are separated to a greater or less extent, and at a later period in the disease the membrane becomes much wasted, or disappears altogether, while the nerve itself progressively diminishes in size. The pressure of the exudation diminishes the calibre of the arteries and veins of the nerve, and as the disease advances they at last are discernable only as fine lines running across the bottom of the eye; the diminution in the size of the veins progresses less rapidly than that of the arteries, in consequence of the difference in the direction of the circulation, the obstruction in the optic nerve checks the intromission of the blood in the globe through the arteries, which should therefore progressively and rapidly atrophy, while in the veins it has an exactly reverse effect, preventing the exit of the blood; the first effect of which should be rather an increase in the venous calibre, but where the obstruction becomes complete, they likewise become obliterated.

Both Morgagni and Walther have found in the optic nerve calcareous concretions, the former, one the size of a pea, the other, one two lines in diameter.

The changes now described as occurring in atrophy of the optic nerve, present for examination with the ophthalmoscope, appearances which, although not altogether characteristic, yet are sufficiently distinctive where the disease has made any considerable progress, as to enable the physician to distinguish it, in the majority of cases, from the conditions which induce somewhat analogous pathological changes.

The most striking peculiarity presented to the eye in a somewhat advanced stage of the disease, when the fundus of the diseased organ is examined with the ophthalmoscope, is the glistening whitenes of the optic disk; in some cases this color is so modified by bluish or greenish tints as to give to the disk a pearly reflection. If the disease be examined at an early period, the nerve-entrance will be found clearly marked, while the scleral margin will prepresent a greater breadth than natural. In some cases the whole disk will be hyperæmic, in others the general hyperæmia will be modified in appearance by the occurrence of lighter patches upon some portion of its periphery; which is so marked in some cases as to apparently present in so limited a space as the optic papilla the strongly contrasting conditions of anemia and hyperæmia. The shape of the disk at this period will be little changed but later, as the exudation goes on, its edge becomes indistinct, irregular, or diminished in diameter, and the choroidal margin blurred; its whole surface will usually be found elevated, though it is sometimes depressed; the cribriform lamella presents the appearance of thickening, while the pearly color above mentioned invades the whole area of the disk, *pari passu*, with the disappearance of the dark interspaces denotive of the position of the fibrillæ of the nerve.

The ophthalmoscope also reveals the diminution of the arteries and veins before spoken of; they are seen proceeding from the disk in their normal course toward the ora serrata, as fine white lines.

3. Hypertrophy of the Optic Nerve.

This condition is far less appreciable, and more difficult of definition with the ophthalmoscope than the one we have just considered—atrophy. It has been variously described by different observers, and has been designated by different names, according to the interpretation placed upon the appearances presenting themselves. There seems reason to believe that certain conditions have been grouped under the term of hypertrophy of the optic nerve, which do not legitimately and pathologically belong there. Further ophthalmoscopic research will be required to properly arrange, according to their pathological import, the several changes in the optic and retinal nerve-fibres, which have been

designated by JAEGER as "nerve extension;" by LIEBREICH, as "opacity of nerve-fibres;" by DESMARRES, as "exudations plastiques de la rétine;" and by MULLER, as hypertrophy of the nerve-fibres.

In the normal condition of the eye, the fibres of the optic nerve, in passing through the *lamina cribrosa* into the retina, form a fine radiating fibrillation, apparently consisting, according to TODD and BOWMAN, of the tubular fibres of that nerve, deprived of their white substance; that is, being no longer tubular and white, but solid and gray, and united together more or less into a membrane. The white substance of SCHWANN, these authorities state, does not exist in the nervous substance of the retina, but ceases as the nerve perforates the sclerotica. When the hyaloid membrane and the layer of nucleated cells which connect it to the fibrous layer remain in the normal transparent state, the fine radiating fibrillation of the latter may be seen distinctly with the ophthalmoscope by the direct method. Now in simple hypertrophy of the optic nerve, the nerve enlarges without changing its shape, in consequence of the uniform increase of the separate bundles of fibres, from hypertrophy of their investing neurilemma; the neck of the nerve becomes shortened, and the lamina cribrosa nodulated, while the vessel diminishes, and finally disappears. The margin of the sclerotica will partake in these changes, and becomes thickened, dense, and white.

The ophthalmoscopic characters which are presented, are thus well described by LIEBREICH, who has studied these changes with great care. The nerve-entrance appears as a round, uniformly dull disk, with its contour softened down, and ill defined against the surrounding ground. The papilla loses its lustre, its definition, and its shading; the scleral margin disappears, the choroidal foramen is less sharp of contour, and apparently increased in diameter. This apparent increase depends upon the vesibility of the boundary of the nerve at the plane of the retina, which in normal eyes is scarcely perceptible. The nerve fibrils, immediately after passing through the narrow opening in the sclerotic and choroid, bend round toward the periphery of the fundus; and hence the nerve, in the plane of the retina, has already attained a marked increase of diameter, and its boundary will be a much larger circle than that of the choroidal opening.

The retinal vessels appear essentially changed. The dark-red color of the fuller and more winding veins at their entrance into the dull disk of the nerve, is obscured by a light-greyish cloud that increases in density toward the centre; and that, in the passage of the vessels to a greater depth, becomes so considerable, that parts of them are wholly concealed by the thickening and opacity of the nerve-fibres. Before they reach the disk, the vessels sink somewhat in the thickness of the retina, and rise again in stronger curvatures than usual. As a cause of this condition, LIEBREICH found a remarkable prominence of the whole entrance of the nerve.

Instead of the opacity of the nervous fibrils being located about the cribriform lamella, in certain cases it has been observed to occur in these fibrils after spreading out some distance into the retina. The opacity is in limited patches following the direction of the radiating fibres, so that while one extremity of the patch looks toward and adjoins the margin of the papilla, the other extremity spreads out toward the *ora serrata* in tooth-like processes. This condition seems to have had attention first directed toward it by VIRCHOW, and in the few cases that have since been met with and recorded, the evidence adduced would go to establish the change as a congenital defect, depending upon, according to the above-named observer, the nerve-fibres, (which, as stated above, after passing through the cribriform lamella, lose their axis-cylinders, or the white matter of SCHWANN,) retaining their anatomical elements of sheath and axis-cylinders when merged into the retina.

Dr. ZANDER believes the case described and figured by DESMARRES at page 464, vol. 3, of his work, "Maladies des Yeux," under the name of "exudation plastique de la retine," to be of this nature. But such a supposition is refuted by the facts that DESMARRES' case is taken as typical of many others of the same nature met by him, and which have in several instances greatly impaired vision, while, according to BECKER and JAEGER, the condition

under consideration is rare, and besides, possesses no sort of influence over vision; also, the *macula lutea* was sometimes involved by the opacity. As regards this latter point, it may be observed that the *macula* must always remain free from this opacity affecting the nerve-fibrils, for the simple reason that, "on examining the structure of the retina about the yellow spot, from within, the fibrous expansion of the optic nerve (though stretching in every other direction to a much greater distance) cannot be traced quite up to the spot itself. Nucleated cells occupy the elongated meshes of the fibrous plexus already described, until at length the fibres disappear, and the closely set cells seem to cover the whole surface of the spot."

In order to clear up the confusion surrounding this interesting question of the nature of these peculiar forms of opacity of the nervous fibrils, more research is required, and until this is made, we must either remain ignorant, or indulge in idle speculation.

Hyperemia of the Papilla.

This condition is met with in those persons who fatigue their eyes continually in viewing minute objects, as watch-makers, engravers, and in those who labor under defect of accommodation, and who do not employ the proper glasses in using the eyes in viewing small objects. It is also most always present in inflammation of the membranes of the eye, particularly of the retina and choroid; even in slight cases of conjunctivitis, the vessels of the retina may be found more or less enlarged.

The ophthalmoscopic characters are well marked and, easy of definition. In slight cases of hyperæmia the naturally greyish white appearance of the papilla is observed to have given way to a color varying from a reddish to a vivid red; the vessels will form in some cases, an intricate network over its entire surface; in others, only certain portions will be observed thus obscured, perhaps a sixth, a quarter or half of the area, the balance of it retaining the normal color. In still more severe cases, the well-defined margin of the healthy papilla gives way to the encroaching redness, and finally disappears, leaving only the centre as a glistening white spot, which may also, as the disease advances, become invisible, and then there will be no distinction of parts of the fundus of the eye as the redness of the disk merges into that of the choroid, presenting a vivid and continuous red field.

It must not be forgotten that in some eyes the optic disk is normally of a reddish color, and in which vision is perfectly good.

In connection with the subject of hyperæmia of the optic disk, may be mentioned that rare condition of varicosity of the arteries of the arteria centralis retinæ. Desmarres says he has never met with a single case of true aneurism of these arteries, though he has seen them considerably dilated. Liebreich found the condition to exist principally in artizans working in front of bright fires, an observation I have confirmed in several cases of firemen.

The ophthalmoscopic appearances are easily recognizable. The arteries, instead of radiating across the optic disk in almost straight lines, are observed as reddish tortuous vessels, of greater size than natural.

A more common condition than the preceding, is an enlargement of the veins with a normal condition of the arteries, which appear to spring up from the centre of the disk in a nodose dilatation, and turning around the orifices of their entrance, are seen to pursue their course to the discal periphery, in dilated sinuous darker red lines. Desmarres has seen considerable varicosity of these vessels, without any apparent derangement of the visual faculty.

The veins have also been seen in some exceptional cases, to present the phenomenon of pulsation, which can be satisfactorily identified on attentive inspection, as synchronous with the radial pulse. This, though sometimes seen in the normal eye, to take place over the area of the disk, is of decided pathological significance when seen beyond its limits, and is particularly met with in those diseases of the eye attended with intra-ocular pressure, as glaucoma.

Both discal hyperemia and varicosity of the vessels may result in sanguineous effusion at any part upon the disk, which will be seen as limited discolorations, or the effusion may at one, and the same time, be poured out both into the papilla and beneath the retina, so as to present the appearance of a large patch.

4 Anemia of the Papilla.

As the antithesis of hyperemia, we have in some cases anemia of the optic papilla It has been observed as a congenital malady, being accompanied with partial blindness, and in the greater number of cases, blindness in connection with nystagmus.

The vessels are observed to be thinner and smaller than natural, and can only be traced with difficulty in that part of their course, where they are of some size. In the worst cases, the position is indicated by fine white lines only, running over the ocular fundus, and sometimes they are quite invisible in the direction of the distribution of a single branch in half the papilla, or in the corresponding portion of the retina. While these changes are occurring, the optic disk becomes of a dull white color, or as it has, in some cases, been described as emitting the same pearly reflections as it does in atrophy.

The anemia observed later in life is commonly the forerunner of atrophy of the optic disk, depending upon fatty degeneration or apoplexy of the retina, or upon retino-choroiditis. This disease is usually progressive, the sight gradually failing until it become extinct. While this lamentable result is occurring, the profound alterative in the papilla and its vessels abovementioned, are easily recognizable with the ophthalmoscope.

[To be continued.]

Extraordinary Fecundity.

Doctor BECKER LAURICH, of Roundeburg, communicated to the Gynæcological Society, the history of a woman, twelve years married, and actually enceinte for the nineteenth time. Her first child was born at full moon; then she aborted nine successive times at four months, then gave birth to a child at eight months, afterward aborted seven times in succession at the fourth month. At present she is again enceinte, but their are symptoms of approaching abortion, such as a serosanguinolent discharge, etc., and it is not probable she will reach the term of gestation, in consequence of her numerous and laborious occupations. Notwithstanding the violent hemorrhage which attended each abortion, and which often endangered life, she is a stout, hearty-looking woman.

Medical Societies.

MASSACHUSETTS MEDICAL SOCIETY.

Boston, Tuesday, June 2d, 1868.

The annual meeting of the above-named Society commenced at 10, A. M., with the exhibition of surgical operations at the Massachusetts General and the City Hospitals.

After the close of operations, the gentlemen of the Society assembled in the new operating theatre of the Massachusetts General Hospital to listen to the reading of papers upon medical topics.

The first was a paper upon the characteristics of modern surgery, by Dr. R. M HODGES, in which it was affirmed that the tendency of modern surgery is to reduce the number of operations and conduct a surgical trouble to a favorable termination by the use of more gentle means.

The next paper was upon the Pathology of Malignant Growths, by Dr. ALGERNON COOLIDGE, in which the ground was taken that such growths are not necessarily fatal, and that by judicious treatment at an early stage might be wholly removed.

The third was a paper upon Improvements in Midwifery, by Dr. WM. GARLAND, of Lawrence, which was listened to with much interest. At the close of this reading, the Society adjourned for dinner.

AFTERNOON SESSION.

The first paper read was by Dr. B. JOY JEFFRIES, on "Enucleation of the Eye Ball." It referred to the operation of the removal of the eye ball by the modern process, from within the capsule of Tenon. After an operation by this method, a glass eye may be inserted within a week, and such insertion was advisable as soon as practicable, in order to prevent a shrinking of the surrounding parts. The objection to the process was greater as respects the young than those of adult years, but the patient should be informed that by the modern process, the operation was neither dangerous nor especially painful. Several eminent surgical authorities of European reputation were quoted in approbation of the process as a preventive of sympathetic disease in the opposite eye.

Dr. PLINY EARL, of Northampton, read a paper upon "Prospective Provision for the Insane." He entered upon a consideration of the respective merits of the hospital plan of treatment, and the method of colonization or segregation of patients. He advocated the hospi-

tal plan, with some modification, which might secure whatever advantages could be safely obtained from the colonization plan. He favored a system of small hospitals, not to contain over 250 patients each, which he thought might be secured by the erection of minor buildings on the grounds of the already existing hospitals.

The last paper read was upon "Extra Digits," by Dr. Burt G. Wilder. He confined the discussion of the subject to the cases of a single superfluous finger or toe, of which he had had 152 under his personal observation—two-thirds of which were upon hands, and one-third upon feet. A statistical account of the comparative number upon the various limbs was given, and the paper concluded by urging that there should be concert of action among medical gentlemen in gathering fuller statistics than are now possessed.

Evening Meeting.

The business meeting of the Society was held in the evening, at the rooms No. 12 Temple Place, the President, Dr. H. C. Perkins, of Newburyport, in the chair. The Treasurer's annual report was read, showing that the receipts of the Society, including balance of last year, were $3533.94; expenditures $6511.74; balance on hand $2022.20. It was voted to prepare a catalogue of the library. The Committee on the subject of Coroners asked further time.

The Committee on Infant Mortality in Hospitals reported that in the State Almhouses they had found that the ratio of mortality of infants was very large, and it was attributable in a considerable degree to inefficient management, especially in respect to food. For six years past the milk given to such infants at Tewksbury had first been skimmed to make butter, and there was a decided preponderance of testimony showing that in general no other milk was furnished to foundlings. It was recommended that a separate institution for the care of such infants be established.

The election of officers for the ensuing year was next entered upon, which resulted as follows:

President—Charles G. Putnam.
Vice President—Henry L. Sabin.
Corresponding Secretary—Charles D. Homans.
Recording Secretary—Charles W. Swan.
Librarian—J. C. White.
Treasurer—Francis Minot.
Orator for the ensuing year—Alfred Hitchcock.

Second Day—*Wednesday, June 3d.*

The members of this Society re-assembled at the amphitheatre of the Massachusetts General Hospital, Dr. H. C. Perkins in the Chair. The Secretary of the Councillors reported that sixty-six new members had joined the Society during the year, and that twelve have died.

Dr. J. Baxter Upham, of Boston, read a paper upon the doings of the Medical Commission to the International Convention at Paris last year, giving a full abstract of the report of that Commission, which related entirely to medical subjects.

Dr. E. Cheverie was introduced, and submitted a paper in reference to the spinal column.

Dr. J. B. S. Jackson called attention to a remarkable case of the healing of a fracture of the neck of the femur.

Dr. J. M. Harlow read a paper upon a remarkabe case of injury to the head, which consisted in thrusting (by an explosion) of a long bar of iron, one and a quarter inches in diameter, transversely through the head. The circumstances authenticating the case were related. The treatment of the case, and the eventual recovery of the injured man were stated in detail. The friends at first prepared his coffin, and desired the doctor to go away, saying that the man would die of himself, if let alone; but the doctor persisted, and the patient recovered sufficiently to engage in his usual avocations, though his intellectual equilibrium was never absolutely re established. The accident occurred in Cavendish, Vt., and the man afterward travelled extensively, visited Valparaiso, and eventually died in San Francisco, 12 years, 6 months and 8 days after the injury.

The skull had been obtained by Dr. Harlow, the man's friends consenting, and he announced that he had donated it to Warren Museum of the Harvard Medical College. This announcement, as well as several points of the reading, met with great applause.

Dr. H. J. Bigelow expressed his full concurrence in the remarks of the previous speaker in respect to the authenticity of the case, which, moreover, had been corroborated by a similar case which occurred in Ohio, wherein a gas pipe, four feet long, had been thrust by an explosion, half through the base of the brain. The sufferer had recovered, and was present at the meeting. He was introduced to the audience by Dr. Bigelow, and appeared to be a young man about twenty-eight years, in good physical health. Dr. Jewett, of Ohio, was introduced, and made a statement of the treatment of the case, which commanded the close attention of the Society.

The Committee on Prize Dessertations reported that prizes had been awarded for desserta-

tion as follows: First prize to Dr. ROBT. J. EDES, of Hingham, Mass.; second prize to Dr. JAMES F. HIBBARD, of Richmond, Ind.; third prize to Dr. JOHN SPARE, of New Bedford, Mass.

Dr. BUCKMINSTER BROWN read a paper upon cases of Orthopædic Surgery, which was illustrated by the exhibition of casts, photographs, and in two or three cases by the presence of the patients.

Dr. DAVID W. CHEEVER exhibited one of his patients, completely relieved of a disease of the jaw-bone by a process of surgery, which, so far as he knew, had not previously been performed in this country.

THE ANNUAL ADDRESS.

Dr. H. G. CLARK then delivered the annual discourse, commencing with an allusion to the new hall or amphitheatre of the Hospital in which his audience were assembled, and which by the sessions of the Society on this occasion had been appropriately dedicated. The relinquishment of the old and time-honored theatre, which has been the scene of over 8000 operations, was also referred to in a felicitous manner, and the fact especially dwelt upon that it was there that the final demonstration of the applicability of sulphuric ether to relieve the pains and terrors of surgical operations was made.

The difficulties which involved the practical inauguration of that grand discovery, and how near this event of the history of the hospital came to being a lost opportunity through the opposition of the conservatism and red tape proclivities of leading men, could never be known until the history of the event should be truthfully written. The speaker, however, would ascribe the successful issue of the endeavors made for the introduction of ether as an anæsthetic to the then junior, but now senior, Surgeon of the Hospital, Dr. H. J. BIGELOW.

After a brief eulogy upon eminent members of the Society, deceased, the speaker announced his subject as "the Desirableness of a more extended study of Medical Jurisprudence, and why its study should be connected with that of Sanitary Jurisprudence," and entered upon an extensive discussion of those topics.

THE ANNUAL DINNER.

At half-past three o'clock in the afternoon the members of the Society and invited guests, to the number of about 600, assembled at the annual dinner in Music Hall. Dr. J. N. BORLAND presided, and at the tables upon the platforms were a large number of the prominent members of the profession. Grace was said by Rev. E. E. HALE, of the South Congregational Church, after which an hour was spent in partaking of the dinner. The President then called the attention of the company to the intellectual part of the feast in the following speech:

REMARKS OF DR. J. N. BORLAND.

Mr. President and Fellows of the Massachusetts Medical Society: The recurrence of this, the 86th anniversary of our time-honored Society, has again re-united us; and here, in this place, and at this time, it is my duty, as well as pleasing privilege, to extend to you all the welcoming hand. How many of my predecessors have stood before you and said it is a good thing for us once in the year to meet together as we do I know not; but the fact is so evident to us all, that the propriety and the necessity of its expression occur naturally to your anniversary Chairman—as naturally as you yourselves prove the point by laying aside your work, and mustering together with the swelling ranks that you do. Apart from all the various matters of business and science, which occupy so much of our time, the various opportunities afforded to us all to revive old friendships, to create new ones, to talk over by-gone days, and to plan fresh arrangements for those yet to come; to welcome friends from our sister Societies; or, it may be, to receive guests from other lands; these are all so valuable as to make our annual meetings a marked event of each professional year. Yet our anniversary is not one of unalloyed pleasure; for the mind as naturally looks back upon the events of the past, as it hopefully tries to rend the veil of the future. At such times comes up to us with greater force, a keener and a more realizing sense of losses we have met with, when at our surrounding benches, or at the seats at these tables, we see no more some of our familiar faces. Here in this city alone, since last we met together, has the grim reaper been busy in binding up his choice sheaves from out of our midst. Never again will the spontaneous burst of ringing cheers, the involuntary expression of our heartfelt love and respect, spring from our throats at seeing here, on this platform, the benign countenance and the venerable form of him, so often called the Nestor* of our profession.

Before last summer's heat were over another of our members passed away—the distinguished surgeon,† whose great professional skill was only matched by his generous, kindly heart. The last months of his life we now may recognize as one true act of a most chivalrous nature; knowing, as he did, even when last we met together, the existence of his mortal disease, yet concealing his sad knowledge from even his nearest kindred and dearest friends, and performing unmurmingly every office of his active life.

But a few short weeks have elapsed since a third of our distinguished members has gone to a better life.‡ One of our Presidents—the even tenor of whose way had earned for him the well bestowed title of "the Good Physician"—while in possession of sound health, and at the close of

* Dr. James Jackson. † Dr. J. Warren Mason.

‡ Dr. John Homans.

a day spent, as so many before it had been during his busy life, in the full discharge of his professional labors, was suddenly taken at the summons of the Higher Power, and entered into rest.

These, gentlemen, are but some of those whose places at our table have, during the past year, been vacated forever. It is not for me to eulogize them; their virtues have been sounded by more fitting tongues than mine, and at more appropiate times and places. But not mourning their loss so much as rejoicing that we can point to them as examples and as models, I once more welcome you to these festivities, to the renewal of friendship and interchange of good-fellowship, on that common and neutral ground of the social table; where the harassing cares of medical practice can be thrown aside, and a brief hour be given to good cheer, without which neither science nor business can prosper.

I will propose for you, gentlemen, the following sentiment: "The Massachusetts Medical Society; may its history ever be illuminated by the noble, energetic and pure lives of its members."

Dr. Borland's remarks were frequently interrupted with applause, and his closing sentiment introduced Dr. Foster Hooper, of Fall River, who made a brief but interesting speech, in which he gave some very valuable items in regard to the history of the Massachusetts Medical Society.

The past President of the Society, Dr. Perkins, of Newburyport, in accordance with a time-honored custom, then presented to the Society the President elect, Dr. Charles G. Putnam, of Boston, who briefly acknowledged the hearty greeting which he received.

The President then read the next regular sentiment in honor of "The Commonwealth of Massachusetts;" and read to the Society a letter from Surgeon-General Dale, which tendered to the body the regrets of Gov. Bullock in not being able, through ill health, to be present at their dinner.

The President then said: "I have the pleasure of calling upon the donor of the prizes to-day; none fitter than he to offer them, as he has had conferred upon him all that could possess any value."

This called up Dr. Jacob Bigelow, who was greeted in a very hearty manner, the members of the Society rising and cheering. As soon as silence was restored he spoke as follows:

REMARKS OF DR. JACOB BIGELOW.

Mr. Chairman: When I rose I thought I might elevate my spirits to the height of attempting a joke, but the reception which I have just received quite disarms and unmans me. I was going to say, sir, that the compliment you have bestowed on me, very unmerited as it is, nevertheless deserves and receives my profound acknowledgment. Although, sir, I am obliged to say, in the words of Dogberry, in the play, that "you have verified unjust things." There is one point, sir, in which I am obliged to plead guilty to the impeachment, and that is that I am advanced in years considerably beyond most of my associates in this Society; and I have been greatly pleased to recognize here two or three like myself, who, having arrived at the age of three score and ten, are still not only my seniors in years but my superiors in activity. I am very proud and happy to be able to say, sir, that for the last half century I have not personally been obliged to occupy my house, to stay at home for a single day on account of any indisposition or malady whatever, (applause); and I know not to what I shall attribute this singular exemption for so long a period, unless it be to the joint agencies of temperance, hard work, and abstinence from medicine. (Applause and laughter.) I listened, sir, with instruction to the remarks which were offered us in the professional and scientific paper read just before the close of the ceremonies at the hospital, on the subject of Orthopedic Surgery. Now, sir, I would not be considered as advocating a retrogade course in science, and which I admit in many cases it is a difficult thing, and requires care and skill to get a patient upon his legs; yet, sir, I must confess it is somewhat harder to get one off his legs. Mr. President, it has been my custom to attend the annual meeting of this Society, and it has always been done with heart-felt pleasure on my part. Last year I was unable to attend the annnal meeting here in this place about this time. Why? Because, sir, I was two thousand miles off in the wilds of Kansas, and five hundred and sixty miles from the Mississippi. There, instead of being among physicians, I found myself among wild Indians, buffaloes and prairie dogs, and at the end of the Pacific railroad. We got to Fort Harker, and stayed there a short time, and left it, fortunately, a very short time before an invasion of the cholera, which carried off a dozen or twenty soldiers, and also before the great alarm which drove the inhabitants in for fear of the Indians. I can now say no more than that I believe every physician will find his usefulness and the efficiency of his life to be greatly promoted and increased by allowing himself to see what is going on in the remoter parts of the country. It not only contributes to his health, but very much to the enjoyment and prolongation of his life.

Long and hearty applause followed the aged doctor's speech, after which the President proposed the next regular sentiment in honor of the city of Boston, and called out his Honor Mayor Shurtleff, who made an interesting response.

After the Mayor's remarks, which were frequently and warmly applauded, Rev. E. E. Hale responded to a sentiment to the clergy; Dr. Henry G. Clarke to one in honor of the orator of the day; Judge Putnam to one in honor of the legal profession; and other speeches occupied the time until nearly five o'clock, when the company separated, well pleased with the proceed-

ings at their annual dinner. Mr. WHITING, of Boston, and Mr. CALDWELL, of Brooklyn, N. Y., occasionally entertained the company with performances on the great organ, which added to the enjoyment of the occasion.

RHODE ISLAND MEDICAL SOCIETY.

57TH ANNIVERSARY.

Providence, R. I., June 10, 1868.

The Fifty-Seventh Annual Meeting of the Rhode Island Medical Society was held at the rooms of the Franklin Society, Providence, on Wednesday. The meeting was called to order at 10½ o'clock, A. M., the President, Dr. OTIS BULLOCK, of Warren, in the Chair. Reports of various Committees were presented and accepted.

The Treasurer's report, showing a balance of $37.99 in the Treasury was presented and accepted, Three hundred copies of the By-Laws of the Society have been published during the past year, at an expense of $45.

It was voted to increase the annual tax from $2 to $3 per member.

Delegates from the medical Societies of several States were introduced, including Drs. J. H. H. Birge, N. Y.; Albert Smith, N. H.; John R. Bronson, Mass.; H. L. Hammond, N. J.; Dr. Buck, Conn.

Dr. BULLOCK declined re-election as President, and Dr. J. W. C. ELY was elected President for the ensuing year. The election was completed by the choice of the following officers:

Vice-Presidents—Dr. GEORGE L. COLLINS, Dr. LLOYD MORTON.

Recording Secretary—Dr. GEORGE E. MASON.

Corresponding Secretary—Dr. C. W. PARSONS.

Treasurer—Dr. T. K. NEWHALL.

Censors—Drs. DUNN, ELDRIDGE, MAURAN, GARDNER, MORTON, FABYAN, BALLOU, CLAPP, and BULLOCK.

A telegram was sent to the Vermont Medical Society, in session at Windsor, and an answer was received as follows:

"PROVIDENCE, *June* 10, 1868.

To the Vermont Medical Society, in session at Windsor:

The seashore sends greeting to the mountains, and invites the Vermont Medical Society to dinner at two o'clock this day.

By order of the Rhode Island Medical Society.
J. W. C. ELY, President.
E. M. SNOW, Committee."

"WINDSOR, Vt., *June* 10, 1868.

To J. W. C. Ely, President of the Rhode Island Medical Society:

We heartily respond to your kind greeting. Believe us to be with you, if not at dinner, certainly in spirit, and in every effort to extend the usefulness and honor of the profession.

E. E. PHELPS,
Committee of Reply."

The report of the Trustees of the Fiske Fund showed a balance of income on hand of $629 92. Premiums of $100 each were offered for the best dissertations on the following subjects:

1. The Bromides; their Physiological effects and Therapeutical uses.

2. Cerebro-Spinal Meningitis—Pathology and Treatment.

3. Graves Disease (so-called)—Pathology and Treatment.

4. Carbolic Acid—its Therapeutical and Hygienic uses.

A Committee of one in each county of the State was appointed to report annually, such facts as may be of interest to the Society.

It was proposed to appoint a Committee that should nominate officers, who could then be elected by acclamation, instead of the tedious method of electing by ballot; the proposition was referred to a Committee.

A motion was made and discussed, to hold the sessions of the Society for two days; also referred to a Committee.

Five members of the Society have died during the past year.

Dr. Wm. S. Bowen, of East Greenwich; Dr. John T. Blake, of Providence; and Dr. Simeon Hunt, of East Providence, were admitted Fellows of the Society.

The annual oration was delivered in an eloquent and effective manner, by Dr. GEO. E. MASON, of Providence, on "Hysteria," and was listened to with much interest and satisfaction. At five minutes before two o'clock, the Society adjourned.

The semi-annual meeting in December, will be held in Providence.

BALTIMORE MEDICAL ASSOCIATION.

Reported by J. W. P. BATES, M. D.

Use of the Sulphites and Hyposulphites.

Dr. Cox said he had used the sulphite of lime, and afterwards the sulphite of soda, in scarlatina, in conjunction with other remedies, and thought it of value. He also considered this class of medicines useful in typhoid fever, pyæmia, etc.

Dr. UHLER from experiments with them in the

Marine Hospital, did not think them of much value in zymotic diseases without adjuvants.

Dr. Arnold considered that the sulphites have had their day, and that their reputation is waning. Many physicians use remedies for diseases which astonish others; for example, one reports having cured 32 out of 33 cases of enteric fever by the use of green tea. Before adopting remedies of doubtful use, like this class under consideration, we ought to wait till the experience of the hospitals shows their utility. I think Polli recommended them more on theoretical grounds than from practical experience. I do not think much of the sulphites.

Dr. Cockrill said that he had used them in the army, in pyæmia, but saw no good effects from them. He had also used them in typhus fever, with the same result. He said his unsatisfactory experience might be from using too small doses, (gr. xv. ter die).

Dr. Helsby asked if the cases spoken of by Dr. Cockrill recovered.

Dr. Cockrill said they *improved* after the use of quinine, iron, etc., but he was of the opinion that few cases of real pyæmia recover.

Dr. Stirling said that thirty-three cases of pyæmia, treated by the sulphites at the McKim U. S. Hospital were lost. He had but little confidence in it.

Dr. Hayson said that they had used them at the Bay View Asylum, but they proved inefficient. They had also tried sulphite of lime in intermittent fever, but without successful results.

Dr. Cox was of the opinion that new remedies should be tested in hospitals before being adopted in private practice. He had used the sulphites from having read Dr. Fisher's report of them, presented to the American Medical Association in 1865.

Dr. Arnold had used them successfully, externally, in skin diseases, especially ring worm. He used ℈ij. to water f.℥iss., and glycerine f.℥ss.

Dr. Cockrill had used the sulphite of soda, (℥ss. to aq. f.℥viij.), in chronic eczema and many other skin diseases, with success.

Dr. Kinnemon said that sulphite soda, (℥ij. to aq. f.℥v.), had been used by him, with very satisfactory results, in the army, in the treatment of psora.

Case of poisoning by sulphate of morphia, treated by hypodermic injections of sulphate of atropia.

Dr. Chas. M. Morfit reported the following case:

I was called to see Mr. ——, æt. 50, who had taken ten drachms of Magendie's solution, about two and a half or three hours before. An emetic had been administered about thirty minutes after he had taken the morphia, which had acted. I found him much convulsed, pulse scarcely perceptible, respiration impeded, pupils contracted, (pin hole), consciousness almost gone; would answer when spoken to roughly, but in a very unsatisfactory manner. As he resided in the country, I had taken with me my hypodermic syringe, and also a solution of sulphate of atropia, (gr. j. to aq. f.℥j.), of which I injected thirty drops. Strong coffee and brandy were administered *ad lib.*, and hot bricks applied to the feet and legs, as they had become very cold. In about half an hour the pulse rose and became full, the pupils dilated, the convulsions ceased, and he expressed himself as feeling much better. He was allowed, after an hour, to sleep fifteen minutes at a time, and having done so twice and been much refreshed, I left, directing the coffee and brandy to be continued, in reduced doses, if necessary. I also directed ℞. Elix. valer. ammon., f.℥j.; Ext. belladonnæ, gr. ⅛, every four hours.

6, P. M. Doing well. Treatment continued.

Second day, 11, A. M. Has slept well, has a good appetite, and is entirely free from any bad effects or symptoms. I consider that he owes his life to the prompt use of the large dose of atropia; in fact I was forced to use this remedy, as I was several miles from the city, and had no other antidote at hand. Just as soon as the pupils began to dilate the pulse rose, and all the symptoms improved.

Dr. Samuel Frank, of this city, had a case of poisoning by f.℥ss. tr. opii, in which he used gr. 1-12 of sulph. atropia by injection, and followed it by gr. 1-24, in half an hour. This patient was also in a very critical condition, it being impossible to get emetics to act, and the whole system collapsed. In the course of two hours and a half the patient had entirely recovered.

A Good Joke.

The "retired physician whose sands of life are nearly run out," and who was recently spoken of among the "Swindlers of New York," in the *Evening Post*, had a clever practical joke played upon him some time ago. A wag sent him by express a barrel of sand to replenish his wasted store. Those who have had the benefit of his prescriptions may be glad to know of this pleasant assistance rendered the benevolent old gentleman, to enable him so easily to prolong his life and labors.

[The re-invigorated physician has since been married!]

Editorial Department.

Periscope.

A Wonderful Skull.

At a meeting of the Massachusetts Medical Society held recently, Dr. John M. Harlow, physician and surgeon, of Woburn, but formerly of Cavendish, Vermont, read a paper containing the history of a most interesting case of injury to the head, and presented to the meeting the veritable skull which sustained the injury.

This case occurred some twenty years ago, in Cavendish, Vt., and was described at length in the New Jersey Medical Reporter of that date—the predecessor of this journal.

On the 13th of September, 1848, Phineas P. Gage, foreman of a gang of men engaged in blasting a deep cut in the continuation of the Rutland and Burlington road, had a tamping iron blown through his brains, and recovered within sixty days, living twelve years after. The case caused great discussion when reported by Harlow in the medical journals at that time, and it was largely disbelieved, many eminent surgeons declaring the occurrence, as described, to be a physiological impossibility. Dr. Harlow, in presenting the paper, justly said, "that it is due to science that a case so grave, and succeeded by such remarkable results, should not be lost sight of; and that its subsequent story should have a permanent record.

Gage was a perfectly healthy, strong and active young man, 25 years of age, or nervo-bilious temperament, 5½ feet in height, average weight 150 pounds, possessing an iron will, as well as an iron frame; muscular system remarkably well developed, having had scarcely a day's illness from childhood up.

As described in the paper read, it appears that a drilled hole had been charged with powder, and he was about tamping it in, (or, more popularly, raming it down,) when his attention was called for a moment. Looking over his shoulder at his men, he at the same moment rammed down the iron, supposing his assistant had poured sand on the powder, as is the custom. The iron struck fire from the rock, the charge exploded, and the iron was driven up into his cheek and out of the top of his head, high in the air, and was afterward found several rods distant, smeared with blood and brains.

The tamping iron was 3½ feet in length, 1¼ inches thick, and pointed at one end; the taper being seven inches long, and the diameter of the point a quarter of an inch. It weighed thirteen pounds. The point was upward, and the iron smooth.

The missile entered, by its pointed end, the left side of the face, immediately anterior to the angle of the lower jaw, and passing obliquely upward and slightly backward, emerged out of the top of the head in the median line, at the back part of the frontal bone, near the coronal suture. The ordinary reader will understand it better, if we say that, pointing upward, it entered the cheek outside the teeth, and under the cheek bone, went inside an inch behind the eye, and out of the top of the head in the centre, two inches back of the line where the forehead and hair meet.

The patient was thrown on his back, and gave a few convulsive motions of the extremities, but spoke in a few minutes. He was taken three-quarters of a mile in a sitting position in a cart; got out the cart himself with the aid of his men, and an hour afterward, with the assistance of Dr. Harlow holding his arm, walked up a flight of stairs to his room. He was conscious, but exhausted from loss of blood, which found its way from the mouth into the stomach, and was ejected as often as every fifteen or twenty minutes by vomiting. His bed and person were soon a gore of blood.

One piece of the skull had been broken out in fragments; another piece was raised and thrown back, like a door, the scalp serving as a hinge; and on the opposite side of the wound there was another fracture and an elevation. The globe of the left eye was partially protruded from its orbit, the left side of the face was more prominent than the right. The opening in the skull was two inches wide by three and a half long, and the brain was hanging in shreds on the hair. The pulsation of the brain could be distinctly seen, and the doctor passed his finger in its whole length without the patient saying he felt pain.

The paper gives an account of the treatment of the case. In fifty-nine days the patient was abroad. On the third day there were inflammation and some dilirium; and during several weeks there was occasional delirium; for two weeks of the time the patient lay in a stupid condition, and his death was expected, and his grave-clothes prepared. On the 25th of November he went in a close carriage 30 miles to his home in Lebanon.

The subsequent history of the case is interesting. Gage came back to Cavendish in April, in

fair health and strength, having his tamping iron with him, and he carried it with him till the day of his death, twelve years after. The effect of the injury appears to have been the destruction of the equilibrium between his intellectual faculties and the animal propensities. He was now capricious, fitful, irreverent, impatient of restraint, vacillating, a youth in intellectual capacity and manifestations, a man in physical sytem and passions. His physical recovery was complete, but those who once knew him as a shrewd, smart, energetic, persistent business man, recognized the change in his mental character. The balance of his mind was gone. He used to give his nephews and his nieces wonderful accounts of his hair-breadth escapes, without foundation in fact, and conceived a great fondness for pets.

He went to various places, being engaged here and there; was a year and a half in charge of horses at a livery stable; was exhibited at Barnum's Museum in New York; and in August, 1852, four years after his injury, left New England forever, and went to Valparaiso with a man who was going to establish a line of coaches. Here he lived eight years, occasionally driving a six-horse coach, and enduring many hardships. In 1859 his health began to fail; in 1860 he had a long illness, the nature of which cannot now be ascertained.

He now left Chili, and Dr. Harlow lost all trace of him for some years, but finally found out that the mother and sister were in San Francisco, wrote to them, and ascertained that Gage had got there in 1860; worked with a farmer at Santa Clara, and in Feb. 1861, was taken with epileptic fits; afterward he worked in several places; and finally in May, 1861, had a succession of fits, which lasted a couple of days, and carried him off. There was no autopsy made Dr. Harlow made overtures for the possession of the skull, on account of its scientific interest, and the world at large is under obligation to the relatives who were willing to surrender it for the uses of medical science. It appears that the man could see out of his left eye, though the lid was not fully subject to the will; that he was troubled with uneasiness in the head.

Dr. Harlow, in summing up his valuable but interesting paper, presented these views: 1st. The recovery is attributed solely to the vis vitæ, vis conservatrix, or, if some like it, vis medicatrix naturæ. 2d. This case has been cited as one of recovery; physically the recovery was nearly or quite completed for the four years immediately succeeding the injury, but ultimately the patient succumbed to progressive disease of the brain. Mentally the recovery was only partial; there was no dementia; intellectual operations were perfect in kind, but not in degree or quantity. 3d. Though the case may seem improbable, yet the subject was the man for the case, as his will, physique, and capacity for endurance could scarcely be equalled; the missile was smooth and pointed, dilating and wedging off rather than lacerating the tissues; the bolt did little injury till it entered the base of the brain, and that opening served as a drain for the blood and matter, and other substances that might have caused death by compression; the part of the brain traversed was the strongest for the pourpose.

Dr. Harlow had with him and exhibited the skull and the iron.

The piece of skull, which was thrown backward like a door, and was afterward replaced, had grown to the opposite edge by a new formation of bone plainly marked; the holes were large and well defined; and the whole appearance of the skull proved the truth of the account; which has also been verified by letters from some of the first men at Cavendish, Vt. It appears that, early in the history of the case, a number of fragments of bone came down into the mouth through the opening in the inside, and were voided.

A great deal of interest was manifested in the examination of these important contributions to surgical science, and Dr. Harlow was abundantly complimented for the persistence with which he had followed up the case for nearly twenty years.

Catalytic Action of Electricity.

Dr. Lange, of Ems, publishes an article in the *Deutsche Klinik* of May 9, 1868, on the above subject, in which he gives the particulars of two cases of inflammation of the ankle of long standing, both accompanied by great swelling and pain, and both of which were completely cured by the use of an uninterrupted stream of electricity. One of the patients had been hardly able to walk, even with two sticks, for three years, and yet was entirely cured in three weeks.

The stream employed was of thirty elements, and was used fifteen to twenty minutes at a time, being passed through the swollen joints, sometimes in one direction, and sometimes in another, as Dr. Lange (in opposition to Remak*) considers that the direction of the current is of no consequence.

As regards the *nature* of the current, however,

* Electrotherapie, p. 307.

he states that his experiments with the induced and interrupted current have never been completely successful in effecting a cure, and that any good effects produced would be always a long time in making their appearance. In this he agrees with REMAK.

ROSENTHAL, in his work on Electrotherapie, advises against the employment of electricity in inflammatory affections of joints, but REMAK and Dr. LANGE agree in advising its use even in these cases, although the temperature is thus raised, and more blood brought to the part, accounting for its action partly on the theory that by enlargement of the small blood vessels, the stagnation of blood corpuscles is prevented.

Operation for Phymosis by Dilatation.

The *Gazette des Hôpitaux* describes a new method of treating phymosis in infants without the use of the knife, devised by the distinguished surgeon, NÉLATON The infant is placed under the influence of chloroform or ether, and a sound is introduced beneath the prepuce, to ascertain the presence of any adhesions. The blades of a three-bladed forceps, well oiled and warmed, are then carefully inserted between the prepuce and glans, and then suddenly separated. A sensation of a resistance overcome is perceived, somewhat similar to that observed in the dilatation of the anus for stricture. The forceps are withdrawn, and no difficulty is experienced in pushing the prepuce behind the glans. Some slight and superficial scratches are perceptible on the glans, but involving nothing more than the mucous membrane. There is no vessel divided, no hemorrhage, no cutting. A simple dressing is applied. A little cold cream is smeared on the prepuce, which is replaced in its natural position. Five or six times a day it is pushed behind the glans, especially at the times of micturition. For a day or two the child is kept in bed, the swelling which appears after the operation, subsides in twenty-four hours without special attention.

The operation has been tried in four cases, with constant success. They were all young children. In one instance it was used on an adult, but failed. But the procedure can doubtless be modified so as to be successful also here.

Iodoform.

This substance, in powder, has recently been applied, in Paris, with great success, to the surface of obstinate ulcers. It rapidly causes them to heal. The *Journal of Applied Chemistry* remarks of it: "In addition to the virtues which it possesses in common with iodine, it is very useful as an anodyne, and especially in neuralgic affections. In many local diseases it is employed with good success It possesses anæsthetic properties when volatilized and inhaled, though to a degree inferior to chloroform or ether. On the score of economy, it is fully equal to iodine or any other of its compounds, and far preferable to most of them, on account of being a non-irritant, and becoming more readily absorbed and assimilated in the system. We trust that its use will become more extensive, and would urge physicians to test its qualities more thoroughly."

Reviews and Book Notices.

The Book of Evergreens. A Practical Treatise on the Coniferæ, or Cone-Bearing Plants. By JOSIAH HOOPES, Member of the Academy of Natural Sciences, of Philadelphia. Illustrated. New York: ORANGE JUDD & Co., 245 Broadway. 1 vol., 8vo., cloth, pp. 435. *Price* $3 00.

This is a work which, as the author very correctly states, fills a blank in our works on horticulture. In the already large literature on this topic there is no book which gives a complete description of the interesting and ornamental family of conifers, especially in their adaptation to the climate of the different States, and their relative merits as shade trees.

With great propriety, the author commences with an introductory chapter on the general principles of botanical science—just enough to give the reader who has never turned his attention to that study a sufficient knowledge of its general principles to make the following portions intelligible.

The descriptions of the different species and varieties are concise and clear, and few, if any, of the known evergreens are omitted. The technical language of the botanist is dropped, as far as this can be done without a sacrifice of clearness, and a large amount of interesting information is added to the particular descriptions. The synonyms are abundant, which is a matter of great moment in botanical works. The author is and has been for many years an ardent and successful horticulturist, and we recommend strongly his book to all who wish information on the subject of evergreens.

The illustrations are well cut and printed, and number nearly seventy. There is a full index to the book, which enhances its convenience very considerably.

Medical and Surgical Reporter.

PHILADELPHIA, JUNE 20, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require as little revision as possible.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

FOUNDLING MORTALITY in MONTREAL.

What we recently said on the infant mortality of our great cities receives additional force and a hideous commentary from the reports of foundling hospitals. Let us take one of the best managed in America, and see what its experiences are. We choose the Gray Nunnery of Montreal during the year 1867.

At this General Foundling Hospital, the total number of children received was 652, against 624 in 1866, and 729 in 1865. Of these, 239 were born in other places—42 coming from the neighborhood, 98 from Quebec, 20 from Ottawa, 21 from St. Hyacinthe, 15 from Upper Canada, and 29 from the United States. The number is against 176 in 1866, and 286 in 1865. The number received from the city is lamentably uniform, indicating not occasional but systematic licentiousness. It amounts to 413 last year, against 448 in 1866, and 443 in 1865. The proportion of deaths is, as usual, frightfully great. "They amount to 619; of whom 36 were under a week; 368 under a month, being much more than half the total of all ages; 583 under one year; 617 (only 34 additional for four years of life (under five years; leaving only two deaths among all the foundlings in the establishment between the ages of five and 12. The balance of life resulting from the labors of the good sisters amounts to only 33 infants on the year's operations, or 19 infants dead to one living. The destruction of life caused by war is therefore nothing compared with what is going on among us, proving most literally that "the wages of sin is death."

Doctors Larocque and Carpenter, the medical gentlemen who promulgated this report, repeat their assertion that the Sisters do their very best to preserve the lives of these unfortunate beings, who have struggled into the world against the will of their unnatural parents. But they add: "It would appear that the mothers, although nominally showing their willingness that their offspring should live by sending them to the care of the kind ladies, are practically taking the course which must lead to their early death; for we find that no fewer than 424 infants were received last year only half clothed, 8 were absolutely naked, 18 had not even been washed, and 13 were bleeding for want of the necessary attentions at birth; 46 were tainted with the special disease of infamy; 8 had been wounded by instruments; 7 were more or less frozen, and a large number covered with vermin. One was sent from United States in a carpet bag; another at the bottom of a basket; another in a water-bucket; two came squeezed and bruised; another strongly nailed up in a box; another with a pin stuck through the flesh. The sufferings of 8 infants, as well as their chance of life, had been lessened by doses of opium. It is no wonder, therefore, that three were dead when received, 23 dying, and 157 in actual disease. Most of the remainder perished (with the country nurse, be it remembered, not in the city) through the wretched constitution inflicted on them by their parents."

Here it is no longer the greed and neglect of officials which stare us in the face. These ghastly results point to a still more portentous cause—the deep-rooted, wide-spread depravity of morals in the sexual relation, the very general loss among women of those maternal instincts which not the lowest brute is devoid of, the increasing disrespect with which the marriage relation is regarded, the gradual encroachment in fact of the worst over the better parts of human nature. In the desperate struggle for riches and pleasure in this new continent, we are fast losing sight of the

higher aims of the race, and few there are who listen to the voice of Wisdom, cry she ever so loudly in our streets, pointing with warning finger to the swift destruction which has always overtaken those nations who thus violated the instincts of nature. Shall we heed her words, or shall we follow their footsteps and meet their fate?

Notes and Comments.

Medical Society of Pennsylvania.

A report of the proceedings of this Society will appear next week. Our circulation in every State is so great that we feel it incumbent on us to publish the proceedings of the medical Society meetings of each State, when furnished us, and this week our space is occupied by the Massachusetts and Rhode Island medical Societies.

"To Medical Men Only."

We have received a letter from the author of the circular with this heading, which we commented upon in our issue of Jan. 25, under the rubric, "Where Specialism Tends." The writer says, "I suppose that you think that the circular in question tends 'to quackery,' that is, boastful pretensions of an ignoramus," and he therefore proceeds at considerable length to show that he is thoroughly qualified in that specialty. We did not say that he was not, and do not feel called upon, therefore, to grant him space for refuting what we never asserted. What we did imply was, that such circulars would bring the profession into disrepute, and that we doubted whether the gentlemen whose names are mentioned in it were aware of such use. The author concedes these points when he says, "I frankly admit that the circular was not entirely in good taste," and, "The use of their names in this manner was not authorized, excepting on the general endorsement they would give."

Wholesale Poisoning.

The Western papers contain an account of a poisoning of a rather unusual character. It seems that a congregation of Dunkards at Naperville, Illinois, was holding a "two days' meeting." Some meat was cooked in a copper vessel for use at their love feasts. A portion of it was eaten on Saturday, and the rest remained in the pot until Sabbath, when it was partaken of. In the meantime, the copper had oxidyzed and rendered the meat poisonous. No less than 130 of the congregation were affected, most of them slightly, but about twenty or thirty were for some hours considered to be in a dangerous condition. However, in two or three days all were pronounced out of danger.

Nursing Bottles.

A necessity has long existed for something better and more convenient than the various forms of nursing bottles now in general use.

The want of a proper and convenient form is not the least objection but the ill adjustment of the corks and tubing renders almost all the bottles in use more or less objectionable, chiefly because they are liable to get out of order, and become impure. To obviate these objections, Mr. BURR has introduced an improved nursing bottle, and which, in addition to LA FONNE'S patent, so universally admired, possesses other useful improvements.

The liability to accumulate impurities is obviated by a little wire brush, furnished to pass through the rubber tube as often as may be necessary to cleanse it perfectly.

Besides this, the cork cannot be injured by use, as it is protected by the boxwood tube running through it. The mouth-guard is adjusted for using two sizes of nipples, which are furnished in the neat box which contains the bottle and wire brush.

Altogether we regard this improved nursing bottle as eminently worthy the attention of physicians and mothers, because its security from acid and other impurities, will tend to prevent the serious results to nursing infants, especially in warm weather, and when the teething process renders the infant so susceptible to diseases by irritation of the stomach and bowels.

Severe Injuries.

Dr. T. S. JONES, of Jackson, La., writes us the following descriptions of remarkable injuries:

"I have seen two cases lately, which are rare. One, a negro boy, five years old, had his leg entangled in a wheel, which pulled it off at the body, separating it at the pubes and sacrum, leaving the bowels and bladder exposed; he lived fifty-four hours, perfectly rational, with no hemorrhage or pain.

"The second, a negro, aged twelve years, was knocked down by a cow, then with her horn she tore out nearly all the small intestines, trampled him in the dust until the bowels were thoroughly covered with dirt and fodder: he remained in this condition until there was complete strangulation; I enlarged the opening,

washed him off well, returned the intestines almost black, and in a few weeks he was sound and well."

An Alarm Quieted.

We are very glad to be able to allay the state of chronic terror in which our New England and especially our Massachusetts brethren have been thrown the last few years, by the gloomy predictions of certain medical gentlemen of that ilk, to the effect that all the "first families," the uncontaminated descendants of the Puritan fathers are in a fair way to die out. We have before us an extract from the "Twenty-fifth Report to the Legislature of Massachusetts, relating to the Registry and Return of Births, Marriages, and Deaths in the Commonwealth for 1866," by Dr. George Derby.

This authority on the question at issue about the great disproportion of foreign to native births, addresses to our pleased ears the following consolatory words, which we respectfully recommend to our melancholy medical brethren down East.

"The rapid relative increase of foreign births, which was going on during the fifteen years preceding 1864, is checked, and the two races, so far as they can be distinguished by such classification, are now increasing equally, or very nearly so, the difference in three years being only .17 of one per cent. The proportion of mixed births is, however, growing slightly greater each year, the difference amounting in three years to .81 of one per cent."

Generous Contribution.

Madame Lallemand, widow of the eminent professor of clinical surgery at the medical college of Montpelier, France, has given to the medical college hospital the sum of 20,000 francs, only stipulating that one of the wards of the hospital shall hereafter bear her husband's name.

Animal Quinoidine.

This curious substance was discovered by Dr. Bence Jones, and has been the subject of an interesting paper, by Drs. E. Rhoads and W. Pepper, in the *Pennsylvania Hospital Reports*, 1868. It causes the phenomenon known as fluorescence of tissues. We learn, from the *Gazette Hebdomadaire*, that Dr. Chalvet has proved before the Société de Biologie, that this is not produced in the tissues, as the previous observers supposed, but is found in most articles of food, especially wine and vegetables. It is introduced into the organs with these ingesta, and mixes with the fluids of the body, like iron, but is never originated there. His researches tend to prove its identity with quinine.

Correspondence.

DOMESTIC.

Death from Uterine Hemorrhage.

Editors of Medical and Surgical Reporter:

On the 19th of December last, I was called to Mrs. ——, æt. about 35 years. She complained of pain in her back, headache, loss of appetite, and said she was "unwell," at the same time telling me that she was in the fifth month of pregnancy. I gave her pil. hyd. grs. x., to be followed in the morning by pulv. sedlitz, and enjoined rest in the recumbent posture.

Dec. 21. I found my patient somewhat better. Less headache, less pain in back, and the discharge from uterus sensibly diminished. I gave her another pill of blue mass, and pulv. ergotæ grs. v. in infus. ter die, which is said to arrest uterine hemorrhage by paralysing the capillary system.

Dec. 23. Still improving; desiring to eat, I ordered cream toast and milk. Up to this time there had not been any pain in the abdomen.

Dec. 24. Found her so much better that, after giving her a little advice in regard to her diet, etc., I left, intending not to visit her again.

Dec. 30. Her husband came to me in great haste, saying that his wife was much worse, that she was actually being "washed away." I went to her immediately. I found her much frightened; pulse about 100 beats to the minute, and rather feeble. She said she had that morning discharged a great quantity of what seemed to be water and blood together; had had no pain at the time nor before; had just raised up in bed to adjust some of the covering when the discharge ensued. After I had succeeded in allaying her fears, she told me that she then felt quite well; had eaten a hearty breakfast, and felt as if she could sit up and eat dinner. The discharge lasted but a few moments. I proposed an examination of the uterus per vagina, so that I could tell her something more positive about her condition, and better meet the indication in the case. But to this she stoutly objected, probably because I am numbered among the unfortunate ones—unfortunate, I mean, in not having the cheering smiles of a fond wife to help us along on the road to fame.

I had suspected for several days past that the child was dead; she had complained all the time of a heavy weight in the pelvis, and I told my

fears to her, but she assured me that my fears were unfounded as she had felt the child move repeatedly every day since she had been sick.

Jan. 2. Saw her again, she was then feeling quite well. Her appetite was good, tongue clean, pulse 75. Discharge from vagina still continued, but had changed its character, was then of a sanguino-purulent nature, and quite offensive. Again proposed and insisted upon an examination, but she would not consent. During the night of the 2d she passed two clots of blood about the size of an orange.

After the 21st I gave her no medicine, except tr. ferri chlo. and small doses of ergot, as her appetite was good, and there did not seem to be any morbid condition of the system which demanded the use of drugs, I prefered to trust to the vis medicatrix naturæ, and wait for further developments.

She continued in about the same condition as described until the 12th inst., at which time I was again called to her. I found that she had again discharged very freely; pulse quite feeble; no pain. Gave acid sulph. arr. gtt. xx. ter die, and milk punch.

Jan. 13. Saw her again; she was weaker than she was on the previous evening, and quite nervous. I increased the elix. vit. to gtt. xx. every three hours. The discharge was greatly diminished. Abdomen being flabby, I ordered a bandage to support and gently compress the womb. She died the ensuing evening. I did not see her after the morning, but was told by the nurse that she sank gradually, and that she was free from pain up to the moment of her death.

I insisted upon holding a post-mortem examination, but the family would not consent.

Remarks. Her appetite was good after the first day or two, felt no pain during all the time she was sick. The whole trouble in her case seemed to be a strong tendency to flood. For a time the remedies which I used would seem to be having the desired effect, the flow would cease, and she would begin to improve, when suddenly, without a moment's warning, it would burst forth again. My own opinion is that there was partial detachment of the placenta, followed by death of the fœtus. The partial separation of the placenta was probably caused by an attempt at abortion. Will some kind reader of the REPORTER shed light upon the case?

JUVENILE.

A Correction.

EDITORS MEDICAL AND SURGICAL REPORTER:

In one of your numbers for last March, a gentleman, professing to give the biography of the late Professor GIBSON, states that this eminent physician was born in 1788, that he went to Europe in 1809, and became acquainted with POTT, HUNTER, and other celebrities. Now, desiring to see the REPORTER maintain its high standing for accuracy, I would suggest a correction of the latter part of this statement. The alleged acquaintance with POTT and HUNTER is impossible, as POTT died December 22d, 1788, and HUNTER died October 16th, 1793. There must, accordingly, be an error in the assertion of the biographer.

R. R. MCILVAINE, M. D.

Cincinnati, Ohio.

Dr. Wilson's Case of Double Ovariotomy.

EDITORS MEDICAL AND SURGICAL REPORTER:

In my account of an ovariotomy operation in the last number of your journal, the name of Dr. N. M. LEAVELL, the competent and estimable assistant physician of the Woman's Hospital, was inadvertently omitted. This I regret the more, as in this, as in many other cases on which I have had occasion to operate in the Woman's Hospital, the administration of the anæsthetic was entrusted to her, and to her efficiency, judgment, and discretion, I am not a little indebted for whatever success has attended my efforts there.

BENJ. B. WILSON, M. D.

842 *Franklin St., Phila.*

Questions in Reproduction.

EDITORS MED. AND SURG. REPORTER:

Only yesterday I happened to read the No. 18, of your valuable journal, and would say that my own experiences seem to corroborate the assertions of the author of the article, "To Produce the Sexes at Will." My wife had very hard times during her first pregnancy, and similarly hard times in giving birth to a boy, who is now ten years old. After two years, another conception took place, with as hard times during pregnancy and birth as the first time.

Her health being very low from that time, another pregnancy was thought to be avoided by all means within moral allowances and laws, and I acted according to the known physiological views expressed by CARL VOGT, in his "*Physiologische Briefe*," in which he pretends, that after ten or twelve days *post cessione mensium*, no conception would take place.

My wife since that time has suffered two miscarriages. The conception of the two children

spoken of above certainly took place shortly after cessation of catamenia. They were boys. Conception of the first abortus was asserted by my wife to have taken place a fortnight after cessation of menses. This was a girl in the fourth month of gestation. Second abortus was a male child, of same period of gestation, after an extraordinary coitus a very short time after cessation of the menses. You may rely upon the accuracy of these data. MEDICUS.

News and Miscellany.

Dangerous Burning Fluids.

We copy the following judicious remarks from the *Providence Journal*. They are, if we mistake not, from the well-known pen of Dr. SNOW, and are on a subject of universal interest to the community.

Since the high price of alcohol and turpentine, nearly all the burning-fluids in common use, of whatever name, are composed of the distilled products of petroleum. Of the products, a certain portion to which the name of *kerosene* has been applied, if distilled carefully, will not catch fire from a lighted taper at a lower temperature than 100 degrees, and is perfectly safe, with ordinary care, as a burning-fluid. At ordinary temperatures, a lighted taper put into it will be extinguished as quickly as when put into water.

But there are other products of the distillation of petroleum, of which *naphtha* is the most important, which are of light specific gravity, will catch fire from a blaze at ordinary temperatures, and of which the vapor is highly explosive when mixed, in certain proportions, with atmospheric air. Naphtha is far more dangerous than gunpowder, because its vapor will take fire at some distance from the liquid, while gunpowder will not ignite unless brought in contact with fire.

Unfortunately naphtha will burn with a clear handsome light, and when mixed with kerosene it seems to improve it for illuminating purposes.

Besides this, naphtha is produced in large quantities in the distillation of petroleum, and no extensive use for it has been found, so that its market value is very low. Hence the great temptation to mix it with kerosene, and to use it for patent burning fluids, and hence the very great importance of protecting the community from the sale of those fluids, and also from the sale of kerosene that will not stand the fire test, as it is called. There is no doubt that ninety-one-hundreths of all the loss of lives, amounting to hundreds every year in this country, from explosion of *burning fluids*, are caused by this use of naphtha, or of kerosene adulterated with naphtha.

This important subject has engaged the attention of the national, as well as of the local authorities. An act of Congress, approved March 2, 1867, provides severe penalties for mixing for sale, naphtha with kerosene, and for selling, keeping for sale, or offering for sale any oil made from petroleum which is inflammable at less than 110 degrees Fahrenheit. This law is now in force throughout the country, and is so important, and so little known that we quote it in full, as follows:

Public Law—No. 83. Approved March 2, 1867. SECTION 29. "*And be it further enacted*, That no person shall mix for sale naphtha and illuminating oils, or shall knowingly sell or keep for sale, or offer for sale such mixture, or shall sell or offer for sale oil made from petroleum for illuminating purposes, inflammable at less temperature or fire test than one hundred and ten degrees Fahrenheit, and any person so doing shall be held to be guilty of a misdemeanor. and on conviction thereof by indictment or presentment in any court of the United States having competent jurisdiction, shall be punished by a fine of not less than one hundred dollars nor more than five hundred dollars, and by imprisonment for a term of not less than six months nor more than three years."

This law strikes at the root of the trouble, and if enforced, would banish the whole list of patent burning fluids that are now cursing the land, and bringing loss of life and property to so great an extent upon the people. If this were done, explosion of lamps and conflagrations from breaking lamps would be almost unknown. It would be well if this law could be enforced throughout the country. At any rate we hope it will be remembered, so that any one who suffers from the explosion of adulterated kerosene may find a remedy against the person who sells it.

But the United States law quoted above makes no provision for its enforcement, and provides for no sworn inspectors to test the oils offered for sale. Hence the need of further action on the part of State Legislatures, and city authorities. The city authorities of Providence early recognized the importance of this subject, and to the city of Providence belongs the honor, and as we think the high honor, of being the first, and until very recently the only city that has passed laws supplementing the national law and aiding in its enforcement. Our city ordinance provides for the appointment of an Inspector of Kerosene, and forbids the sale in the city, under heavy penalties, of any burning fluid composed in any part of the products of petroleum, unless it will stand the fire test of 110 degrees.

This ordinance was passed March 26, 1867, under authority granted by the General Assembly, March 12, 1867, almost immediately after the passage of the Act of Congress. Quite recently another city, Philadelphia, has passed a similar ordinance, and even more stringent than ours, providing, as we are informed, for the seizure and confiscation of all kerosene and burning fluids that will not stand the fire test of 110 degrees.

Perchloride of Iron in Diphtheria and Membranous Croup.

Dr. AUBRUN FILS, of Paris, strongly recommends the perchloride of iron in diphtheria and membranous croup. Its efficacy was first noticed in a case where fifteen drops, in a glass of water, had been ordered to be taken during the night. By a mistake of the father, however, between a fourth and a third of an ounce was given within an interval of five hours. An unexpected improvement followed the mistake, and the treatment was persevered in with success. Other cases have given equally happy results.

Relation of the Chemical Constitution and Physiological Action of Medicine.

At one of the recent meetings of the Royal Society of Edinburgh, a very interesting paper was read by Drs. CRUM BROWN and T. R. FRASER, upon the influence of direct chemical addition upon the physiological action of substances. This paper is the first of a series which may be expected to throw great light upon one of the most interesting questions which can suggest themselves, viz., the relation existing between the chemical constitution and the physiological action of medicinal and poisonous substances. That such a relation must exist, we can have no doubt; and, indeed, attempts have been made by some to establish the relation in certain cases. Hitherto, however, the subject has not received that systematic investigation which it is now receiving at the hands of the authors of the paper.

In order to arrive at any accurate knowledge as to the influence which chemical constitution exerts upon physiological action, it would appear to be desirable to take substances having a very definite and energetic physiological action, and then to perform upon them a chemical operation, having for its object the promotion of a definite change in the constitution, and to examine the modification which the physiological action has undergone. Such has been the plan which the authors have pursued; the bodies which they have chosen for examination are the more active of the vegetable alkaloids, and the chemical operations, of which they have studied the effect, has been the direct addition of iodide of methyl. It was shown by How, that when iodide of methyl acts upon strychnia, brucia, morphia, and other alkaloids, it adds itself to them, and beautiful crystalline bodies are produced which differ considerably in character from the salts of the alkaloids. The authors have already examined the physiological action of the bodies produced by the addition of iodide of methyl to strychnia, brucia, morphia, thebaia, codeia, and nicotia.—*London Chemical News.*

Glycerine and Yolk of Eggs.

Four parts, by weight, of yolk of egg, rubbed in a mortar with five parts of glycerine, according to the Philadelphia *Journal of Pharmacy*, gives a preparation of great value as an unguent for application to broken surfaces of the skin of all kinds. The compound has a horny-like consistence, is unctuous like fatty substance, but over which it has the advantage of being quickly removed by water. It is unalterable, a specimen having laid exposed to the air for three years unchanged. Applied to the skin, it forms a varnish which effectually excludes the air, and prevents its irritating effects. These properties render it serviceable for erysipelas and cutaneous affections, of which it allays the action.

—— The quantity of spirits used for manufacturing purposes in the city of Philadelphia, yearly, is estimated at twenty thousand barrels, or eight hundred thousand gallons.

—— They are experimenting at Hartford, with considerable success, in the new method of curing whooping-cough, by inhaling the atmosphere of a gas house. Upward of three hundred children are said to have been wholly or partially relieved by this treatment.

NAVY NEWS.

List of changes, etc., in the Medical Corps of the Navy during the week ending June 13, 1868.

Past Assistant Surgeon, Wm. S. Fort, detached from the Naval Hospital, New York, and ordered to the Naval Academy.

Past Assistant Surgeon J. W. Coles, detached from the Naval Academy, and waiting orders.

Past Assistant Surgeon T. M. Dearborne, detached from the Navy Yard, Washington, and ordered to the Naval Academy.

Assistant Surgeon E. C. Thatcher, ordered to duty at Navy Yard, Washington, D. C.

Surgeons P. S. Wales, and Wm. M. King, detached from duty as members of Examining Board, Philadelphia.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

Baldwin—Brooks.—In New York, June 10 at the residence of the bride's parents, by the Rev. J. E. Cookman, Dr. J. W. Baldwin and Miss Sarah A. Brooks, all of that city.

Bolivar—Todd.—On the 7th inst., by the Rev. Dr. March, Simon Bolivar, M. D., of New York city, and Miss Eveline Eliza, daughter of Wm. H. Todd, of Philadelphia.

Cleaveland—Hubbard.—On the 11th inst., in Brooklyn, by the Rev. Henry M. Storrs, D. D., J. Wilson Cleaveland, M. D., of Washington, Fayette co., Ohio, and Miss Mary L. Hubbard, of Brooklyn.

Emerson—Tompkins.—In New York, June 2, by the Rev. A. H. Partridge, Dr. J. Haven Emerson and Susan, daughter of Rav Tompkins, Esq., both of that city.

Grant—Davis.—In East Cambridge, Mass., May 23d, by Rev. M. P. Stickney, Mr. James A. Grant, of Province of Quebec, and Miss R. Rosella, daughter of Dr. Ira Davis, of Norwich, Vt.

Harvey—Tinker.—May 21st, by the Rev. Joseph Tinker, Leon F. Harvey, M. D., of Buffalo, N. Y., and Mary W., daughter of the late Rev. Reuben Tinker, of Westfield, N. Y.

Horr—Webber.—In Pittston, Me., June 1st, A. M. Horr, M. D., of Dubuque, Iowa, and Mrs. Emeline F. Webber of Pittston.

Melville—Bogert.—At the Reformed Church, New Brighton, Staten Island, June 4 by the Rev. Dr. Paxton, of New York, Capt. Thomas Melville, Governor of Sailor's Snug Harbor, and Miss Kate E. Bogert, daughter of Dr. S. V. R. Bogert, of the same place.

Peacock—Hague.—On June 1, at the residence of F. Edwards, Esq., by Rev. Wm. Cooper, D. D., Thomas H. Peacock, M. D., and Melinda Hague, all of Philadelphia.

Seiler—Langcake.—At Muncy, Pa., on the 3d inst., by the Rev. H. Heron, Dr. Robert W. Seiler, of Harrisburg, Pa., and Lizzie, youngest daughter of Baker Langcake, Esq., of Muncy.

Sprague—Purdy.—In New York, June 3d, at St. Paul's M. E. Church, by the Rev. C. D. Foss, Waldo Sprague and Annie Martindale, daughter of Alfred S. Purdy, M. D., all of that city.

Tooker—Johnson.—At the residence of Dr. James E. Gross, Chicago, Ill., May 18, by Rev. M. Tooker, of Rochester, N. Y., R. N. Tooker, M. D., of Cincinnati, and Miss Clara A. Johnson, of Chicago.

DIED.

Armstrong.—In this city, on the 8th inst., William Samuel Armstrong, M. D., aged 21 years.

Gilpatric.—In Anoka, Minn., May 28, Dr. Benjamin Gilpatric, 28 years, formerly of Boston.

Hendry.—On the 8th inst., Dr. Bowman Hendry, son of the late Dr. Bowman Hendry, of Haddonfield, N. J., in the 49th year of his age.

Hooks.—Dr. J. J. Hooks, a well-known physician of Memphis, Tenn., was found dead in bed on the 13th inst.

Jauncey.—June 6, Mary Eliza, relict of Joseph Jauncey, M. D., of Westport, Conn.

Porter.—At his residence in Richhill township, Green county, Pa., April 18th, Dr. Wm. B. Porter, aged 56 years, 4 months, and 14 days.

Rittenhouse.—In this city, on the 9th inst., Addie S. Rittenhouse, wife of Thomas L. Rittenhouse, M. D., daughter of Redding and Margaret Miller, in the 23d year of her age.

Shoemaker.—In this city, on the 11th inst., Nathan Shoemaker, M. D., in the 80th year of his age.

OBITUARY.

Dr. John A. Pawling.

At a regular meeting of the Boyle County, Ky., Medical Society, on May 19th, 1868, the following resolutions were offered by Dr. Breckinridge, and passed unanimously by the Society.

Whereas, In the Providence of God, one of our fellow-members, Dr. John A. Pawling, has been called from earth in the bloom of his manhood, and in the midst of professional usefulness; therefore,

Resolved, That the Society has not only lost one of its original members, but that we individually have lost a friend who was sincere in his attachments, honorable in his dealings, and ethical in the practice of his profession.

Resolved, That we feel the deepest sympathy for his distressed family, and trust that the Comforter of all sorrows will be with them, and sustain them under this great affliction.

Resolved, That these resolutions be spread upon the minutes of the Society, and a copy of them be sent to the family of the deceased.

D. C. Tucker,
Secretary.

The Death of Dr. Olcott.

At a meeting of the members of the medical profession of Hudson County, held in Jersey City, May 30th, 1868, Dr. A. A. Lutkins, chairman, and Dr. M. A. Miller, Secretary, the following preamble and resolutions were adopted.

Whereas, Death has invaded the ranks of our profession, and one of the oldest of its members in this city has been called to go the way of all the earth; it is becoming in us to gather around his bier, showing our respect for the dead and our sympathy for the living, remembering that we too are mortal; therefore,

Resolved, That while we bow in humble submission to this dispensation of Divine will, in removing from our midst our late Associate in medicine, Dr. Edgar Olcott, we feel that his death is sincerely mourned by the community to whom he had devoted a long and active life of usefulness, and to whom his scientific attainments and his ever ready response to calls of suffering were invaluable; and we offer our heartfelt sympathies to the bereaved family.

Resolved, That a copy of these resolutions be presented to the family of the deceased, and also be published in the Medical and Surgical Reporter, the *New York Medical Record*, and in the Jersey City papers.

Resolved, That we attend the funeral in a body.

J. W. Hunt, M. D.
T. F. Morris M. D.
M. A. Miller, M. D.
Committee.

ANSWERS TO CORRESPONDENTS.

Dr. W. A., of N. Y.—The Transactions of the American Medical Association for 1867, can be got for you for $5.00.

Dr. J. C. McC., of Pa.—Ruppaner on Hypodermic Injections, though not now fully up to the times, is the best monograph we know on the subject.

Dr. M. W. H., of Ga.—An endoscope complete will cost you $12.00. Darwin's Variation of Animals and Plants comes at $4.00. The Cosmopolitan Art Journal is no longer published.

Dr. M. H. L., of O.—The instruments you inquire for are not known to our makers here. You will have to address Messrs. Tieman & Co., New York city, who, we think, can tell you about them.

METEOROLOGY.

June.	1,	2,	3,	4,	5,	6,	7.
Wind	W.	W.	N. E.	N. E.	S. E.	S. W.	N. W.
Weather	Clear.	Clear.	Cl'dy.	Clear.	Cl'dy.	Clear. Ev'g Rain.	Cl'dy. Rain.
Depth Rain						6-10	1 1-10
Thermometer.							
Minimum	49°	55°	45°	47°	49°	59°	64°
At 8, A. M.	56	62	57	62	56	72	69
At 12, M.	75	73	65	68	71	83	75
At 3, P. M.	76	74	67	64	75	85	78
Mean	64.	66.	58.50	60.25	62.75	74.75	71.50
Barometer.							
At 12, M.	30.2	30.2	30.3	30.4	30.4	30.2	30.2

Germantown, Pa. B. J. Leedom.

AUG. 8, 1868

THE

MEDICAL AND SURGICAL REPORTER.

No. 591.] PHILADELPHIA, JUNE 27, 1868. [Vol. XVIII.—No. 26.

Original Department.

Communications.

INSTRUMENTAL DIAGNOSIS.

By Philip S. Wales, M. D.,

Surgeon, U. S. Navy.

(Continued from page 527.)

Ophthalmoscopic Characters of Diseases of the Optic Nerve.

5. Obstruction in the Arteria Centralis Retinæ.

There are a few isolated observations recorded by Liebreich, Græfe, Jaeger, Schneller and Blessing of obstruction of the circulation in the arteria centralis retinæ. The ophthalmoscopic appearance of these vessels are peculiar and exceeding interesting, and we shall, therefore, as an illustrative example of this rare and remarkable condition, append the case of a man 72 years old, described by Edward Jaeger. The ocular media were perfectly transparent, the retina appeared of a medium yellowish-red, without visible morbid change. The optic nerve, slightly pigmented at the circumference, and somewhat yellow-tinted, exhibited slight indications of bluish spots. The vascular system of the retina, generally of small development, exhibited, in the larger trunks more especially, a proportionately small diameter. The corresponding large arteries and veins were equal in diameter, and alike in their dark-red color. No double contour was apparent, so that arteries and veins could only be distinguished by their clearly visible respectively centripetal and centrifugal circulation. This had not the appearance of a pulsation, since the walls, especially of the larger vessels, remained undisturbed, but it was a movement, slower or quicker, uniform or interrupted, but not rythmical, of an unequally colored stream of blood. In the larger vessels, the blood stream exhibited, at distances of from one-fourth to the whole diameter of the vessels, intervals of lighter and darker red coloring; which, however, in the movements of the column, were continually changing, the lighter spaces becoming smaller and wholly disappearing, to be formed anew elsewhere. The movement of the blood appeared in such places uniform, but extremely sluggish. In the vessels of medium size, the movement was quicker, and often for a short time pulsatile; the light intervals were of a paler-red, and, as well as the dark portions, of a greater comparative length, being from twice to four times the diameter of the containing vessel. In the finest twigs, visible upon the optic nerve, the movement of the blood was most rapid, and, at the same time, most disturbed. The extremely delicate stream of blood would be suddenly interrupted, the dark-red part of the blood would disapper, and the little vessel, scarcely discernible upon its bright back ground, would seem to have assumed the tint of the optic disk. Then, in interrupted course, a shorter or longer column of blood would pass through the vessel, followed at greater or less intervals by a larger or smaller mass of blood-globules, so that the observer almost appeared to see simple globules, and then suddenly the vessel would be filled in its whole course with dark-red blood, the portions of which seemed rather to roll through than to flow quietly. This circulation, which in arteries and veins of like calibre was of equal rapidity, diminished by degrees, and remained here and there suspended for longer periods, until, at the end of twenty-four hours, it was wholly obstructed. The retina generally had then assumed a somewhat darkened red; and the diameter of all the vessels was visibly increased. The smallest were distended with blood, unless when a lighter portion or an interruption of the dark-red column was perceptible, and were proportionately the most enlarged. The

vessels of medium size showed here and there a short break in their coloring, to the extent of from half to twice their diameter. The chief trunks were for a considerable extent uniformly filled by red blood. On the other hand, the more faintly-colored portions of the vessels, of equal intensity of color to that of the background, were from twice to four times their natural diameter. Their walls, which were clearly visible, exhibited no diminution of calibre. It appeared as if the blood-globules had at parts crowded themselves more closely together, (the blood dividing itself into a red and into a transparent part), and uniformly filled the vessels. In the medium sized and smallest vessels, not the slightest movement was visible; but in the larger, by careful attention for one or two minutes, the lighter parts might be seen to diminish and disappear, at the same time reappearing in another place.

6. Abnormal Insertion of the Optic Nerve.

This rare condition has been noted by M. Desmarres, who says it ordinarily affects but one eye, and that then it induces amblyopia with strabismus, which can be cured by properly exercising the eye.

The ophthalmoscope reveals the abnormal insertion of the optic nerve, as when the eye is turned in the usual direction inward, and a little upward to display the papilla, this cannot be seen, but in order to do so, Desmarres states that in the majority of cases that came under his observation, it was necessary to give a more outward inclination to the eye. No organic disease of the retina was found in connection with any of the cases, the deviation in the insertion of the optic nerve being simply a congenital defect.

7. Excavation or Cupping of the Optic Papilla.

Cupping of the optic papilla is a pathological condition of great interest and importance to the ophthalmologist; its recognition aiding him greatly in determining the proper diagnosis, treatment, and course of several intra-ocular morbid conditions, as glaucoma, irido-choroiditis, atrophy, etc. It occurs as the result of two essentially different pathological changes, atrophy and intra-ocular pressure. Under the former condition, the cupping is of slighter degree, saucer-shaped, and not extending beyond the depth of the level of the choroid, but under the latter, extending beyond this by the yielding of the lamina cribrosa exteriorly, thus forming a deep pit. Atrophy, however, may, and no doubt in the majority of cases, does occur as an associated condition with pressure, and then the excavation will be the issue of the joint action of both these causes. It may not also be impossible that excavation may be produced, as Græfe thinks, by outward traction upon the optic nerve, in consequence of some diseased state of the nerve itself, in that part of the brain neighboring it.

The pressure in the interior of the eye is effected by certain diseased condition of the vitreous humor, which, when fully established, constitutes in the aggregate that pathological condition known as glaucoma.

The changes produced in the optic papilla, as revealed with the ophthalmoscope, are connected with alteration in its shape, color, and in the appearance of its vessels.

In simple atrophic excavation, the pit, as is already stated, is saucer-shaped and shallow, involving the whole area of the disk, usually with well defined margins, particularly at its inner side, where the glistening contour of the scleral aperture is sharply defined. As the disease advances, however, the atrophy trenches upon the adjacent part of the retina, and obscures the papillar outline, and this is especially the case at the temporal edge.

The color of the papilla is variously altered, usually it is grayish at the centre, and becomes darker toward the periphery, with an intermixture of blue, producing some shade of bluish gray.

In considering the characteristic appearances of the vessels, it is important to say a few words in relation to the anatomical arrangement of the vessels upon the papilla, as has been pointed out by Förster, inasmuch as it will account, according to this observer, for the differences in the aspect of the veins and arteries in certain cases of its excavation, where the latter vessels undergo little change of position, while the veins present that peculiar, abrupt, hooked-shaped termination at the margin of the disk. He states that arteria centralis retinæ emerging from the disk divides at the level of its surface into its branches, the veins, on the contrary, penetrate it at vari-

ous points toward its circumference, and running some distance under the transparent nerve-tissue toward the centre of the papilla, unites to form a common trunk. From this arrangement, the arteries will retain their surface position, even after the disk has withdrawn its support from them, and will present little change in their normal ophthalmoscopic appearance. The veins, on the other hand, which are usually beneath the arteries, will be drawn down by the shrinking of the nerve, presenting an S-shaped form, and in part disappeared from view, resulting from the straining of the vessels over the edge of the excavation. These anatomical considerations suffice to account for all the modifications of the vessels, as seen with the ophthalmoscope in cupping of the optic papilla.

In most cases, the emergence of the arteria centralis retinæ will be displaced toward the nasal margin of the disk, which it in some cases almost attains.

In the second form of excavation, that is from intra-ocular pressure, whether accompanied with atrophy or without, the depression of the disk in like manner usually occupies its whole surface, but is deeper than in the atropic form, sometimes extending quite deeply into the scleral aperture, by the bulging outward of the lamina cribrosa. There the ophthalmoscopic appearances are different, the disk is pressed outward, and carries along with it both arteries and veins, coursing over its surface, so that they appear to be strained over the margin of the disk, which is now sharply outlined by a dark border.

In tracing the vessels, therefore, toward the disk, they will suddenly disappear at its margin by terminating in apparently hooked-shaped extremities, which are less bright than at other parts of their course. By properly accommodating the eye for a plane posterior to that of the retina, or by using a concave glass of suitable focal distance, the continuity of the vessels may be seen at the bottom of the pit; by the same means its depth can also be determined. Those portions even of the vessels traversing the walls of the excavation may sometimes be distinguished by looking from above downward for those at the lower margin of the disk, and in the reverse direction for those at the upper.

Besides these two forms of excavation of the papilla, there is another one requiring notice, in order to prevent any mistake in diagnosis. It is of congenital origin, and in all likelihood possesses no pathological significance whatever. The excavation differs in extent from that connected with atrophy and intra-ocular pressure, being usually limited to some distinct portion of the disk, such as a quarter or half of its area, and sometimes even it is a mere point. This circumstance taken in connection with these other facts—the position of the change in direction of the discal vessels, the whitish-yellow, clear, bright ring around the nerve entrance, and the gradual decrease of tint of the disk, from the edge of the pit toward its periphery—establish the distinguishing features of congenital excavation, and prevent its being confounded with that excavation which is pathological in character.

As contrasting with papillar excavation in several pathological conditions, we find the disk convex anteriorly, caused by inflammatory exudation into the papilla, as of blood and fibrin; by atrophy of the external layers of the retina, and by the presence of homologous or heterologous growths in the substance of the optic nerve.

With the binocular ophthalmoscope there will be no difficulty in distinguishing these two conditions, for all saliencies will appear as such, and all depressions will be clearly apparent as excavations in the substance of the papilla. Such accuracy of definition is not, however, attainable with the monocular instrument without great practical tact, for we necessarily loose in its use the chief requirement for exact judgment of small objects, which is the convergence of the two eyes. The difficulties are still more enhanced in using the objective lens, as pointed out by Dr. MACKENZIE, that the shadows are inverted, and the accommodation of the eye imperfect. By careful examination, however, depressions and saliencies may be certainly distinguished. In the former, as already stated, the position and appearances of the vessels are quite characteristic, and often with the erect image, that portion of them traversing the walls of the pit can be seen. Also, by employing, according to the ac-

commodation and refraction of the observed and observing eyes, of proper focussed concave lenses, using weaker ones for observing the margin of the excavatia, and stronger ones for its bottom, we can even form a pretty accurate judgment of the depth of the excavation. The same judgment may be formed, (with the inverted image) by directing the patient, while the examination is being made, to accommodate for different distances, which will have the effect of rendering different portions of the pit more distinct; convex lenses of different foci will have a similar effect.

When the position of the head of either observer or patient is changed, it will be found that those portions of the disk nearest the eye will move in the same direction as the mirror, those portions lying in a plane posteriorly, in a direction exactly the reverse. And, lastly, an attentive examination of the shadows cast by the papilla should be made. Dr. Mackenzie observes that we judge that an object, viewed with a single eye, is convex or concave, solely by the manner in which light is reflected from the body under examination. The light which falls obliquely on a convex surface, illuminates that side which is nearest to the source of light; the side further from it is in the shade. The light which falls obliquely on a concave surface illuminates that side which is farther from the source of light; the side nearer it is in the shade. Let the source of light remain in the same position, but invert the image of the object illuminated, so that the light which falls on the farther side of it may seem to fall on the near side, which is the case when we look through the compound microscope at the hollow on a bit of paper, or when we examine the optic papilla through the com pound microscope formed for the occasion by the patient's eye, plus the convex lens held in front of it; and both the dimple on the paper and the papilla, although they are actually cupped or concave, will then appear convex and prominent.

8. Coloboma of the Optic Papilla.

It may not be inappropriate in concluding what we have to say on the ophthalmoscopic characters of some of the diseases of the optic nerve, to allude in a cursory manner to that remarkable appearance of the retina called coloboma, in which the ophthalmoscope displays upon its surface an oval or pyriform-shaped white patch, extending toward the disk, part of which it may involve. It is always congenital, and associated with coloboma of the iris.

(To be continued.)

Medical Societies.

MEDICAL SOCIETY OF PENNSYLVANIA.

19th Annual Meeting.

First Day—*Wednesday, June* 10, 1868.

The delegates to the Nineteenth Annual Convention of the Pennsylvania State Medical Society convened in the Hall of the House of Representatives at Harrisburg, June 10. There was a large attendance from all parts of the State, and the capacious chamber was well filled.

Dr. Traill Green, the President of the Society, called the Convention to order.

Rev. G. F. Stelling, of the First Lutheran Church of Harrisburg, opened the proceedings with prayer.

Welcome to the Delegates.

Dr. Wm. H. Eagle, of Harrisburg, on the part of the Dauphin County Medical Society, welcomed the delegates to the State Capital, as follows:

Mr. President and Gentlemen of the Pennsylvania State Medical Society: As the representative of the Medical Society of Dauphin County, and of the physicians of this city, it affords me the greatest pleasure to give you, one and all, a heart-warm, fraternal welcome to the State Capital. We have invited you to assemble here, not only to testify to you our high appreciation of the kindly greeting you gave the del gates from our Society shortly after our organization two years ago, on receiving them among you, but for the far nobler purpose of manifesting, in some measure, our high esteem and affection for those members of the profession from every portion of this good old Commonwealth, who honor the science of medicine by their nobility of devotion and philanthropy—"living epistles," seen and read by all men. Be assured, gentlemen, these are no vain words, uttered for the occasion, but the heart-spoken language of a sincere and grateful welcome.

Our own local Society is only in its infancy, but yet it numbers among its members the ablest and purest of our profession, those who strive to elevate it despite the blazoned effrontery of charlatanism and quackery. Happily, these cancroid growths are being sloughed off in all their fetidness, while all that is true in medical science remains unmoved, and we know, unmarred.

We thank you for coming among us. Co-workers as we all are in the great world's busy hive, we should feel proud in employing our best efforts to sustain that profession, by maintaining its dignity and contributing to its usefulness—that profession whose mission is second only to that of the Heralds of the Cross in their Christ-like labor of alleviating the distresses of poor humanity. For this purpose you have met here to-day, to take counsel together, and our earnest wishes, Mr. President, are that all your deliberations may tend to foster, magnify, and honor that calling, which in the coronet of ages has furnished the rarest and brightest jewels.

We again assure you that you are welcome to the Capital city, and will not fail to do our utmost in making your sojourn with us pleasant and agreeable. Accept, therefore, our warmest greetings on this, the first convocation of your time-honored Society in our midst.

Mr. President and gentlemen, you are all heartily welcome.

I would announce that the morning sessions of the Convention will be held from nine to half-past twelve o'clock; the afternoon sessions from three to six o'clock.

Entertainments and receptions for the Society have been arrranged as follows:

Wednesday evening, June 10th, Gov. GEARY will receive the delegates at nine o'clock, at his residence, Executive Mansion, Front above Pine street. To this reception the ladies of the delegates are also invited. Mrs. Gov. GEARY will be present to receive them.

On Thursday evening, June 11th, a complimentary banquet will be given to the delegates at Bolton's hotel, at nine o'clock precisely.

On Friday afternoon, June 12th, the delegates will visit the Pennsylvania State Lunatic Hospital. Carriages will be furnished by Dr. JOHN CURWEN, and will start from Bolton's Hotel at precisely half-past two o'clock.

Dr. S. S. SCHULTZ, of Harrisburg, chairman of the Committee of Arrangements and Credentials appointed at Pittsburg last year, presented the credentials of delegates from the counties of Allegheny, Beaver, Berks, Blair, Bradford, Bucks, Butler, Chester, Columbia, Cumberland, Delaware, Dauphin, Erie, Indiana, Lancaster, Luzerne, Montgomery, Northampton, Perry, Philadelphia, Schuylkill, Venango, and Washington.

The officers of the Society present were,

President—Dr. TRAILL GREEN, of Northampton.

Vice-Presidents—Drs. A. NEBINGER, of Philadelphia; J. L. STEWART, of Erie; WM. W. RUTHERFORD, of Dauphin; and G. W. HALDEMAN, of Cumberland.

Corresponding Secretary—Dr. WINTHROP SARGENT, of Philadelphia.

Permanent Secretary—Dr. WM. B. ATKINSON, of Philadelphia.

Recording Secretary—Dr. S. S. SCHULTZ, of Harrisburg.

Treasurer—Dr. WM. MAYBURRY, of Philadelphia.

The reading of the minutes of the last meeting was dispensed with.

The President, Dr. GREEN, then addressed the Society at length, his subject being the importance of the calling of the physician, especially as a servant of God, and the overruling of Providence in sickness. He called special attention to the large number of *good* men who have been among the great and distinguished in the medical profession.

A Committee on Nominations was appointed.

On motion of Dr. MAYBURRY, it was

Resolved, That hereafter the appointments for Censors shall be made as originally provided in Article X. of the Constitution, with the exception of the third and fourth districts, the Censors for which shall be elected conjointly, and shall have jurisdiction as heretofore, until Societies in more of the counties composing these districts shall be formed, when separate Censors for each of these two districts shall also be chosen.

Considerable time was spent in discussing a motion made by Dr. W. L. ATLEE, to correct the minutes of the last meeting in relation to the recognition of female practitioners of medicine. The subject was finally referred to a special committee, consisting of Drs. W. L. Atlee, of Philadelphia; Edward Wallace, of Berks; and A. H. Fish, of Philadelphia.

Dr. WM. MAYBURRY, of Philadelphia, said that the Medical Society of the State of Delaware was now in session at New Castle. He moved that the following telegram be sent to that body:

"HARRISBURG, June 10, 1868.

To the Officers and Members of the Medical Society of the State of Delaware, now in session at New Castle, Delaware:

The Medical Society of the State of Pennsylvania, meeting at this place, sends its fraternal greetings, with the best wishes for the prosperity and continued usefulness of its co-laborer in the alleviation of human suffering and the prolongation of life."

The motion was agreed to, and the dispatch was accordingly forwarded, signed by the President of the Convention.

In the evening, at 9 o'clock, the delegates proceeded to the Executive Mansion, where they were hospitably welcomed by Governor and Mrs. GEARY. The delegates were severally introduced by the President of the Society, who afterward addressed the Governor.

He eloquently referred to the services of the medical profession in the hospitals and on the battle-field, during the late war, and to the Governor's participation in the same, and to the testi

mony which he could bear to the honorable manner in which the medical service had, under his immediate supervision, shared dangers and the labors of the field of battle. He also referred to the interest which, as Pennsylvanians, the profession had felt in the career of the Governor in his executive capacity and his services in the national cause.

Governor Geary in the liveliest manner evinced his appreciation of the work performed by the profession on every battle-field and in every hospital, and under all the most trying circumstances of the late bloody and terrible war. He also eloquently expressed his grateful acknowledgments for the visit of so large and respectable a body of his fellow-citizens to the Executive Mansion, and expressed a desire that every gentleman present would accept, in the fullest sense, the hospitalities of the Gubernatorial residence.

After a pleasant interview, the delegates withdrew.

Second Day—*Thursday, June 11th.*

President Green called the Convention to order.

The journal of Wednesday was read.

Dr. Wm. H. Eagle, of Harrisburg, on behalf of the reception Committee appointed by the Dauphin County Medical Society, announced that one hundred copies of each of the city papers containing the proceedings of the Convention had been ordered to be placed upon the desks of members. He also begged leave to place in the hands of the Secretary of the Society tickets to the banquet at the Bolton House in the evening at nine o'clock. All the members of the Convention and the visitors thereto were invited to be present.

Dr. George Dock, of Harrisburg, Chairman of the Reception Committee, added, that the wives or ladies accompanying members were cordially invited to the banquet.

The next business in order was the reception of delegates from the Medical Societies of the States of New York and New Jersey.

Dr. William Mayburry, of Philadelphia, Treasurer of the Society, submitted his annual report, showing:

Receipts	$1,335 57
Expenditures	1,103.01
Balance	232.56

Drs. Atlee, of Lancaster; Horton, of Bradford; and Gallagher, of Allegheny, were appointed auditors of the account.

Publication of the Transactions.

Dr. J. S. Cohen, of Philadelphia, said that the New York Legislature had always contributed a certain amount annually for the publication of the Transactions of the New York Medical Society. Possibly the Legislature of Pennsylvania might be induced to make such an appropriation.

Dr. Horton, of Bradford, doubted if the Legislature could be induced to make such an appropriation.

Dr. Ira Day, of Cumberland, moved that a Committee of one from each county be appointed to memoralize the Legislature.

A debate on the adoption of the resolution took place, in which Dr. Mayburry, of Philadelphia; Dr. Lewis, of Luzerne; Dr. John L. Atlee, of Lancaster; Dr. Stiles, and Dr. Cohen, of Philadelphia, participated.

Dr. Worthington, of Chester, said he had long been in favor of this movement. But the first step of this body should be to apply for an act of incorporation. Let the Society be connected with the State.

They could incorporate many additional papers in the Transactions if they had the means, and the State ought to assist this organization, as it had assisted other Societies, for the public good. What profession in the whole Commonwealth showed more benefits and blessings than the medical? [Applause.]

The Legislature would not refuse this boon. He suggested that a Committee be appointed to procure a charter for the Society. He did not wish to be placed on such a Committee, however, because he was himself a member of the Legislature.

Dr. Day modified his motion to accord with Dr. Worthington's suggestion.

Dr. Mayburry questioned this last proposition. The Committee ought to report to the Society. If a charter was to be obtained, there should be some changes made in the constitution.

Dr. Whitney, of Schuylkill, moved to amend by reducing the number of members of the Committee to three. Accepted.

Dr. Nebinger, of Philadelphia, moved further to amend by requiring the Committee to report to the Society; that they consider and report a form of charter for consideration. If this Association should then adopt that form, it could be submitted to the Supreme Court or the Legislature for confirmation.

The amendment was agreed to, and the resolution, as amended, was adopted.

The President appointed on this Committee Drs. Whitney, Mayburry and Cohen.

Legal Regulation of the Insane.

Dr. John Curwen, of Harrisburg, (Superintendent of the State Lunatic Hospital,) said he

should like to bring before the Society a matter of considerable importance. He had brought to the attention of the last meeting the subject of insanity, and he desired now to continue the subject. The difficulties which were arising, the bitter opposition which was being made to the medical profession, and especially to that branch relating to insanity, necessitated some decisive action for its protection. In Boston, the other day, the Superintendents of insane asylums, held a national convention and adopted, for recommendation to Legislatures, a law for the regulation of the confinement of insane persons, which he desired to lay before the Society.

There had been an effort in this State last winter, to enact a law providing that no person should be committed to any asylum unless by a jury of twelve men. This ignored the medical profession, and, if successful, must put the people to unnecessary expense and trouble. The medical profession could no more be ignored in a question of soundness of mind, than in a case of disease of the body. He offered the following:

Resolved, That a Committee of five, to which the President of this Society be added as Chairman, be appointed to urge upon the Legislature the propriety of enacting a law which shall so determine the relations of the insane as to protect the medical profession in giving certificates of insanity, the insane from improper influences, and the community generally from injustice and oppression.

He read the law recommended by the Boston Convention. There had been no statuary enactment in this State in reference to the insane. Such law as we had, had come from long continued custom and the decisions of the courts. This proposed bill was a modification of the English law on the subject.

Dr. CURWEN's resolution was adopted.

The President appointed on the said Committee Drs. CURWEN, Harrisburg; KING, Pittsburgh; CRAWFORD, Lycoming; ATLEE, Lancaster; and R. J. DUNGLISON, Philadelphia.

FEMALE PHYSICIANS.

Dr. WASHINGTON L. ATLEE, of Philadelphia, offered the following:

Whereas, The only disqualifications of a member of the medical profession, under our Constitution, are irregular medical education, want of good moral and professional standing, and non-observance of the Code of Medical Ethics; and

Whereas, All laws regulating consultations, based on ethnological, physiological and psychological distinctions are against the spirit and letter of our Constitution. Therefore,

Resolved, That any former action of this Society, making distinctions and disqualifications not recognized by our Code of Ethics be, and the same is hereby repealed.

[The practical and intended effect of this resolution was to admit to practice in the profession, regularly graduated female physicians.]

After a lengthy discussion, the subject was laid upon the table.

AFTERNOON SESSION.

Medical and sanitary reports were received from Allegheny, Bradford, Berks, Bucks, Beaver, Columbia, Montour, Crawford, Dauphin, Erie, Lancaster, Lehigh, Luzerne, Montgomery, Northampton, Perry, Indiana, Schuylkill, Washington, Venango and Cumberland counties, and were referred to the Committee on Publication without being read.

A communication was read from JEAN BAPTISTE ULLERSPERGER, of Munich, Bavaria, in acknowledgement of the prize of forty-one florins granted by the Society, for his essay, read before the meeting at Pittsburgh, on "Ancient Transfusion and Infusion compared with modern Transfusion, Infusion and Hypodermic or Subcutaneous Injections." He eloquently thanked the Society for creating him a Doctor Laureate, and transmitted to the Society a large number of rare Spanish, French and German medical works, together with the Transactions of the Royal Society of Munich and the Bavarian Royal Academy.

The Secretary was authorized to exchange with the institutions named.

PRIZE ESSAYS.

Dr. KING, of Pittsburgh, from the Standing Committee on Original Papers, reported as follows:

"*Harrisburg, June* 11, 1868.

The Standing Committee of the State Medical Society on Original Papers and Prize Essays, beg leave to report:

That they have carefully examined the papers referred to them at the last meeting of the Society, and the papers received since the adjournment of that meeting; and they recommend the following for publication, viz:

1. A paper on the 'Diagnosis, Position and Deferential of Spinal Arthrochrondites,' by BENJAMIN LEE, M. D., of Philadelphia.

2. A paper on 'Food for Infants,' by HIRAM CORSON, M. D., of Montgomery County, Pennsylvania.

The Commmittee regret to report that the handsome prize offered by Dr. GROSS, of the Allegheny County Medical Society has elicited no papers. There has been no contest for the prize. Neither have any papers been offered to be read before the Society for the purpose of inviting discussion. Respectfully submitted.

JAMES KING,
R. B. MOWRY,
TRAILL GREEN."

The report was adopted.

The New Hospital for the Insane.

Dr. John Curwen, from the Committee on a Memorial, reported as follows:

The Committee to whom was assigned the duty of preparing a memorial to the Legislature of Pennsylvania, setting forth the number and condition of the insane in this Commonwealth, and the necessity of more extended provision for their care and treatment, respectfully report that they attended to that duty, prepared the memorial, (a copy of which forms part of this report, and will be here inserted,) and have now the satisfaction of stating that a bill was passed by the last Legislature, to establish a hospital for the insane, of the district composed of the counties of Carbon, Monroe, Pike, Wayne, Susquehanna, Wyoming, Luzerne, Columbia, Montour, Sullivan, Bradford, Lycoming, Tioga, Clinton, Centre, Clearfield, Elk, Cameron, M'Kean, and Potter, in answer to the request contained in said memorial. Respectfully submitted. (Signed.)

The report was received and adopted.

Dr. Curwen, as delegate to the Massachusetts State Medical Society meeting at Boston, made a report.

Dr. Atkinson, from the Committee on Publication, submitted a report, which was adopted.

Intemperance.

Dr. Joseph Parrish, of Delaware, Physician-in-chief of the Sanitarium at Media, Pennsylvania, offered the following:

Whereas, The habit of intoxication by alcohol and opium, which prevails so extensively among the people, does not seem to be materially controled by the system of pledge-taking on the part of the people, or of punitive legislation on the part of their representatives; therefore,

Resolved, That it is the peculiar prerogative of physicians to investigate the causes of this fearful practice, so far as they may exist in the human constitution in professional usage, or common custom, and to recommend sanitary regulations to the Legislature and the people on the same principle, with the same acknowledged, that they would suggest preventatives or palliatives for any other public scourge.

Resolved, That a Committee be appointed by this Society to report to the next meeting, on the medical, social and civil aspects of intoxication by alcohol and opium, and our duty as physicians in the premises.

The preamble and resolutions were adopted.

The President appointed on said Committee—Drs. Parrish, of Delaware; Price, of Chester; King, of Allegheny; Wallace, of Erie, and Atkinson, of Philadelphia.

Prescribing of Stimulants.

Dr. Corson, of Montgomery, offered the following:

Resolved, That the present terrible system of stimulation which sends its victims daily by thousands, prematurely to the grave, and which fills our land with drunkenness and crime, cannot much longer maintain itself in the confidence and esteem of the reflecting members of a great and learned profession. A modified, improved, regenerated practice, based upon common sense, and a moral, sound, clinical observation, must take its place, and thus carry healing and blessings upon its wings to the nations of the earth.

He said he had offered a somewhat similar resolution at the Pittsburgh meeting, when it had been condemned as embracing language too strong. He had therefore modified the language.

Dr. W. M. Wallace, of Erie, thought the resolution condemned a practice prevalent among a large and respectable portion of the profession. He was not prepared to support it. He thought it would be better to postpone action on it. He did not approve of such hasty legislation.

Dr. Parrish objected to the word "system" of stimulation. There was so such "system" in the profession.

Dr. Corson substituted the word "practice."

Dr. J. L. Stewart, of Erie, moved to refer the resolution to a Committee, to report at the next meeting. He would not vote for a resolution which said that the profession had annually sent men down to their graves by thousands. He was unwilling to believe that, and he challenged the proof. He was extremely unwilling that such a declaration should be spread broadcast over the whole land.

The motion to refer was agreed to.

The President appointed on the said Committee—Drs. Corson, (Montgomery); Stewart, (Erie), and Townsend, (Chester).

State Inspector of Drugs.

Dr. J. Cummisky, of Philadelphia, offered the following:

Whereas, It is highly important to physicians, as well as to their patients, that drugs and medicinal preparations should be pure and reliable; and

Whereas, These are frequently found adulterated and inert; therefore, be it

Resolved, That a Committee of three be appointed by the President to memorialize the State Legislature for the passage of an act authorizing the State Medical Society to appoint an inspector of drugs for the State of Pennsylvania.

Resolved, That the attention of the various county and other local Societies be invited to cooperate with this Society in promoting the above object.

The resolutions were adopted.

The President appointed on said Committee—Drs. Cummisky, Nebinger, and Bolles, of Philadelphia.

INDECENT PUBLICATIONS, ETC.

Dr. CUMMISKY, of Philadelphia, offered the following:

WHEREAS, It is well known that the crime of abortion is committed to a great extent in this community, in each instance destroying a human life, frequently impairing the health for life, and often occasioning the death of the mother, affecting seriously the mental relations and demoralizing the people; and

WHEREAS, The facilities for its production are boldly and shamelessly advertised in the public journals; unchecked by law or sense of decency, corrupting the innocent, and inviting to the commission of crime; and

WHEREAS, There are persons in our midst, styling themselves "Doctors," who are believed to be extensively engaged in production abortion, to the disgrace of an honorable and conscientious profession; therefore, be it

Resolved, That this Society deems it incumbent upon it, without further delay, to appeal to the State Legislature for the passage of such a law as will effectually suppress this crime.

Resolved, That newspapers publishing advertisements of medicines, or means by which abortion may be effected, should be condemned by a virtuous people as unfit for circulation, and should be restrained by law.

Resolved, That members of the profession of medicine who may be discovered guilty of the crime of abortion, should be disabled from ever after practising in this State, and from holding membership in any Society chartered by this Commonwealth.

Resolved, That a Committee of —— be appointed by the President to present the matter properly at the next meeting of the State Legislature.

Resolved, That the attention of the county Societies be directed to this subject, and their early co-operation be invited.

Dr. W. M. WALLACE, of Erie, thought that the law was already severe enough. It sent men to the penitentiary for such offences, and punished the vending of obscene books. Even when the life of a mother was to be saved, the law stepped in and prevented it sometimes. All that was needed was enforcement of existing laws.

Dr. WORTHINGTON, too, thought the law covered such cases. As to obscene books and advertisements, perhaps some legislation was necessary, but he did not see how this Society could effect anything. A censorship over the press was always regarded with alarm.

Dr. ATLEE, of Lancaster, spoke at length, against the distribution of cuts and pamphlets, advertising cures of various kinds, and thought there ought to be a legal enactment strong and severe enough to prevent it.

Drs. LINDERMAN, Bucks; MAYBURRY, Philadelphia; TOWNSEND, Chester; and HELLYER, Philadelphia, spoke at length in the same strain.

The matter was finally referred to a Committee composed of Drs. Cummisky, Philadelphia; Nebinger, Philadelphia, and W. L. Wallace, Erie.

Dr. CURWEN offered the following:

Resolved, That the members of this Society be requested to prepare short papers on matters connected with the practice of Medicine, Surgery or Obstetrics, to be read at the next meeting of this Society.

Adopted.

COLLEGIATE REPRESENTATIVES.

Dr. CORSON, of Montgomery, offered the following:

Resolved, That the delegates to the American Medical Association be instructed to bring before that Association the resolution of the State Society concerning the propriety of refusing to any college the right to send any one to represent said college who is not a member of his county Society.

Adopted.

The Convention then adjourned until nine o'clock to-morrow morning.

In the evening the Society was elegantly entertained by the Dauphin County Society.

THIRD DAY—*Friday, June 12th.*

The State Medical Society re-convened this morning at nine o'clock, in the Hall of the House of Representatives, President GREEN in the chair.

ELECTION OF NEW OFFICERS.

Dr. JOHN L. ATLEE, of Lancaster, Chairman of the Committee on Nominations, etc., for the ensuing year, reported as follows:

The Committee on Nominations would respectfully report that they have attended to their duty, and made the following selection of officers for the ensuing year:

For President—Dr. JOHN CURWEN, of Harrisburg.

Vice-Presidents—Drs. W. M. WALLACE, of Erie; J. G. KOHLER, of Schuylkill; P. B. BREINIG, of Northampton; JACOB PRICE, of Chester.

Corresponding Secretary—Dr. A. H. FISH, of Philadelphia.

Permanent Secretary—Dr. W. B. ATKINSON, of Philadelphia.

Recording Secretary—Dr. JAMES L. STEWART, of Erie.

Treasurer—Dr. WILLIAM MAYBURRY, of Philadelphia.

Committee of Arrangements and Credentials—Drs. George C. Bennett, D. D. Loop, and D. H. Strickland, of Erie; and W. B. Atkinson, and Wm. Mayburry, of Philadelphia.

Censors were also appointed for the several districts.

Delegates to the American Medical Association—Drs. Thomas M'Kennon, of Washington; Wm. Mayburry, of Philadelphia; Joseph Swartz, of Perry; John S. Atlee, of Lancaster; E. G. Martin, of Lehigh; A. L. Jordan, of Bucks; W. W. Dale, of Cumberland; J. T. Carpenter, of Schuylkill; George Dock, of Dauphin; W. J. Asdale, of Allegheny.

Delegates.

Delegates to New Jersey—Drs. D. Townsend, of Chester; Ira Day, of Cumberland; John Kohler, of Schuylkill.

Delegates to New York—Drs. S. S. Schultz, of Dauphin; Hiram Corson, of Montgomery; John D. Ross, of Blair.

Delegates to Ohio—Drs. Rollin Crawford, of Venango; G. W. Coulter, of Butler; W. S. Foster, of Allegheny.

Delegates to Massachusetts—Drs. A. H. Fish, of Philadelphia; Traill Green, of Northampton; Wilmer Worthington, of Chester.

Delegates to Connecticut—Drs. P. B. Breinig, of Northampton; C. A. Rahter, of Dauphin; E. P. Allen, of Bradford.

Delegates to Delaware—Drs. C. S. Boker, of Philadelphia; J. Clemens, of Lehigh; Brooks, of Berks.

Place of Meeting—Erie.

All of which is respectfully submitted.

John L. Atlee, Chairman.

Thomas J. Gallagher, Secretary.

Harrisburg, June 12, 1868.

The report was unanimously adopted.

Dr. George C. Bennett, of Erie, on the part of the Erie County Medical Society, thanked the Society sincerely for their selection of the city of Erie as the place for the next meeting. Notwithstanding they had lost their candidate for the Presidency of the State Society, (Dr. Wm. M. Wallace,) the Erie County Medical Society had reason to be thankful. They would endeavor to extend to the members of the State Society a cordial welcome, and make their visit pleasant and profitable. In parting, he again thanked the Society for their action.

Dr. D. D. Loop, of Erie, presented a paper on "*Prolapsus Uteri*," by Dr. John C. Perkins, of Erie, which was referred to the Committee on Publication.

Legal Definition of Insanity.

Dr. Wallace, of Berks, urged Dr. Parrish, of Delaware, to again present a resolution which he had proposed on Thursday, in reference to an address on the legal and medico-legal definitions of insanity, but which had been withdrawn after presentation.

Dr. Parrish then offered the following:

Resolved, That Dr. Kirkbride, of the Pennsylvania Hospital for the Insane, Dr. Worthington, of the Frankford Asylum, Dr. Given, of Clifton Hall, Dr. Curwen, of Harrisburg, and Dr. Reid, of Dixmont, be requested to prepare an address on the legal and medico-legal definitions of insanity, with counsel to physicians as to how to diagnosticate it in private practice, and how to proceed wisely in procuring admission of patients to the several institutions over which they preside so successfully, and to publish the address in the medical journals, and in the public papers, if they deem it proper to do so, at as early a day as may be convenient.

Resolved, That the Secretary be instructed to transmit a copy of this resolution to each of the gentlemen named.

He remarked, in connection with the resolutions, that he had no desire to press them upon the consideration of the Society, but that in the present state of the public mind, and the uncertain state of professional opinion, he thought these gentlemen, who were recognized experts on this subject, and who were the only official authority in the Commonwealth, concerning insanity, should be recognized by this Society, and that it should avail itself of the advantage of their counsel and aid. He had been called upon for certificates of insanity under circumstances when he could not conscientiously say the parties were insane, and so long as there was no standard, or even approximate standard, of judgment upon this subject, we should be at a loss to determine how to act, in many obscure cases especially.

He had no doubt the gentlemen named would consent to aid the profession by their energies on this subject. There was already a commission appointed to procure legislation on this subject, but we want scientific opinions as well as law. He hoped the resolution would now pass.

The resolution was adopted.

Resolutions of thanks to parties concerned were offered.

The officers elect were then installed, and remarks made by Dr. Curwen the incoming, and Dr. Green the retiring President.

After a pleasant visit to the State Hospital for the Insane, the Society adjourned to meet at Erie, next year.

Solid Nitro-Glycerine.

Nitro-glycerine, it is reported, has been reduced to a solid by precipitation. This result was obtained by a Prussian chemist after a long series of experiments. The combustibility of this dangerously explosive fluid, it is asserted, is considerably diminished, while its force remains unimpaired. As the utmost caution has heretofore been absolutely necessary in handling nitro-glycerine, the value of the discovery is exceedingly important.

Medical and Surgical Reporter.

PHILADELPHIA, JUNE 27, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require as little revision as possible.

We particularly value the practical experience of country practitioners, many of whom posses a fund of information that rightfully belongs to the profession.

INTERNATIONAL SANITARY SOCIETIES.

It is a pleasing relief for us to turn from those gloomy indications of national depravity which, in the last few numbers of the REPORTER, we have felt it incumbent upon us as public journalists, to lay before our readers in all their naked enormity, to those signs of tender benevolence, of broad philanthropy, of true Christian charity, which redeem the character of our generation, and assure the friend of humanity, that in spite of great and terrible evils, we are advancing to a higher plane of moral excellence, and a more comprehensive understanding of our duty to our neighbor.

If in what we and others have recently said of the social crimes of the day, we have reflected with severity on the perversion of the womanly instincts, with all the more readiness do we give room for the praises the sex have merited within the last decade, in inaugurating, and in large measure carrying out the grandest charities witnessed by this or any age. We refer to those institutions for mitigating the inevitable evils of war, and for uplifting amid the blood-stained banners of the battle field, the standards of Mercy and Love.

A recent work by Dr. THOMAS W. EVANS, of Paris, Surgeon-Dentist to the Emperor Napoleon III., and to the Emperor of Russia, United States Commissioner to the Universal Exhibition, etc., exhibits in the most agreeable and accurate manner the immense results thus obtained. It is entitled, "Sanitary Institutions during the Austro-Prusso-Italian Conflict. Conferences of the International Societies of the Relief of Wounded Soldiers. An Essay on Ambulance Wagons. Universal Exhibition Records and Letters. Catalogue of the Author's Sanitary Collection." It is a very handsomely printed volume of 237 pages, on beautiful paper. Though intended for private distribution only, the author has very properly concluded to place a few copies on sale with Messrs. JOHN WILEY & SON, New York City, from whom it can be obtained. By this handsome contribution to sanitary literature, Dr. EVANS will greatly increase the interest in the beneficent undertakings he has so much at heart to promote, and add another to the claims he already has on our respect for his earnest devotion to the cause of philanthropy. Gleaning from his pages, we shall present to our readers the history of sanitary institutions during the recent European war, and the efforts which are now being made to secure for them a national recognition and a permanent life. We may regard their growth as one of the most cheerful tokens of the existence of a healthy moral sentiment in our generation.

As we have remarked, they took their origin in the spontaneous promptings of the womanly heart. On the 25th April, 1861, about a hundred ladies assembled in New York City, to devise means for extending aid in a substantial, cheap, and direct manner to the sick and wounded. They drew up an address to their fellow-towns-women, enlisted the aid and sympathy of some of the most earnest philanthropists of the land, and became in time the United States Sanitary Commission, which expended, before the close of the conflict, about *twenty five million* dollars worth of stores. Though owing to the unprecedented character of the undertaking, the anomalous position of the Commission, and the general ignorance of its worthy members on the subject of "Regulations," its relations to the medical staff were often unpleasant, and occasionally injurious to the latter, yet no surgeon who has had the responsibility of the wounded on the bloody fields of our war, will hesitate for a moment in forgiving a thousand times over all that he or his corps may have

suffered in position or reputation by its needless interference, in return for the substantial blessings it dispensed to the sick and suffering in field and hospital.

When the United States Sanitary Commission was in the midst of its usefulness, in 1863 and 1864, a congress of philanthropists met at Geneva, to plan some international organization by which the terrible scenes which followed the battle of Solferino—then fresh in every mind—might never recur. Their attention was called to the constitution of our Sanitary Commission, and they adopted similar principles. The Geneva Convention was signed by France, Prussia, Switzerland, and Italy.

When the Schleswig-Holstein difficulties broke out, Prussia organized a special society under the efficient control of the Count De Stollberg, which rendered such valuable service, that in April, 1866, it received from the King the right of corporation. At the battles of Langensalza and Sadowa, it proved the wisdom of this step by assisting in the most prompt and praiseworthy manner the army medical and hospital staff, in relieving the vast numbers of wounded.

There were many other societies with similar objects, who lent a helping hand at this trying juncture. The Knights of the Order of St. John, an evangelical Protestant association, and the Knights of the Order of Malta, of the Roman Catholic religion, each distinguished itself in this good work. Especially is it noticeable, with what characteristic charity the women of the different lands, of all ranks and means, united their forces to prepare and forward stores of all kinds to the hospitals, and to aid, by their untiring devotion and tender cares, in alleviating the wretchedness of the sick and wounded. Under the fostering care of the Grand Dutchess of Baden, was instituted the *Badischer Frauenverein*, and in Austria, under the Presidency of the Princess Von Schwarzenberg, the *Patriotischer Damenverein* became one of the leading sanitary societies of the State. The Princess, with characteristic generosity, gave up her own magnificent palace to its use as a hospital, and not only refused all recompense, but herself undertook the lighting and warming of the establishment. Another Austrian ladies' society, the *Damen-Comite*, exhibited great courage and devotion under the most trying circumstances.

In Italy, also, we find the same gratifying picture. "Here, as elsewhere," says Dr. Evans, "it was the women especially, who by their courage, their energy, and their devotion, aided the Relief Society to do all that it accomplished. At Milan, Florence, Turin, and Ferrara, they did not confine themselves to delivering lint, bandages, compresses, and linen, but they were seen also constantly occupied in aiding the committees in the depots of those cities."

Though the friend of humanity, and especially the enlightened physician, finds in these spectacles, so graphically delineated by our esteemed countryman, the most gratifying subjects of contemplation—subjects to which he will turn with especial satisfaction after perusing the ominous disclosures of the last few years on the topic of population—yet his satisfaction is tempered by the reflection of the vast amount which remains to be accomplished—the magnitude of the harvest and the scarcity of the laborers. But let him rest assured that these few laborers are no drones, but are working silently, yet effectually, to rob war of its ghastliest terrors, to turn to their own advantage the very organizations planned for carnage itself, and to teach by the telling sermon of example the Divine lesson, "Love thy neighbor."

What their plans are, we propose to state at length in another article.

Notes and Comments.

[Readers of the Reporter are invited to send to us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under the "Answers to Correspondents."]

State Medical Society of Pennsylvania.

For the extended report of the transactions of the above Society we publish this week, we are indebted, in the main, to the very full and com-

plete report published in the *State Guard*, of Harrisburg, which was sent to us by Dr. WM. H. EAGLE.

Errata.

We beg our readers to notice the following contradictions of the old proverb that figures are never false. In the advertisement of the Jefferson Medical College, the number of graduates is stated at 139. Read 159. In the Answers to Correspondents, Darwin's Variations of Animals and Plants is offered for $4.00. The price is $6.00.

News and Miscellany.

Climate of Minnesota.

A correspondent of the *Boston Journal of Chemistry*, has the following remarks on this favorite resort for invalids:

"I think the climate of Minnesota is valuable for invalids, in three particulars. First, the air is very *dry*, compared with that nearer the seashore. Second, the climate is far more *equable;* and, third, there is a large proportion of *ozone* in the atmosphere—three very important particulars in cases of weak or diseased lungs.

"Like your correspondent, my personal observation was obtained in the autumn; and, like him, I found the air all that could be desired. But the winters are the most trying seasons to invalids here at the East. There snow falls in November, which does not melt until March. The cold is extreme; but, so dry is the air, that consumptives have assured me they could *enjoy* a long sleigh-ride, with the thermometer at 20° and 25° below zero.

"If patients go there in the early stages of phthisis, there appears to be an arrest in the formation of tubercles—at least, it is so in many cases—and they frequently attain to a very comfortable degree of health and strength.

"But—and there is a large 'but' in this case—if consumptives go there, they should go prepared to make that their home. For when they come back to the damp, variable climate of the Eastern States, the disease takes a new start, and frequently carries them off with fearful rapidity; and this, even after several years' residence."

Mica Spectacles.

A device simply for the protection of the eyes of persons engaged in working metals, is one of the results of an investigation by Dr. H. COHN, an occulist of Breslau. His inquiries extended to six manufacturing establishments, embracing 599 fitters, 386 blacksmiths, 129 turners, 35 drillers, 13 planers, 27 engine-wrights, 5 screwers, 15 boiler-makers, 69 foundery-men, 8 cleaners of castings—total, 1,283. He found that 90 per cent. of the workmen had often been injured on the eye by minute pieces of metal, and that 49 per cent. had been under medical treatment for serious accidents to their eyes. Of the whole number 59 were found to be permanently injured, and 21 of those had each lost the use of one eye. The whole time lost by the workmen from accidents to the eye amounted to 4,726 working days. No protection to the eye had been provided. Ordinary glass spectacles were objected to on account of their liability to be broken. At the suggestion of Dr. COHN mica spectacles were tried, and found to fulfil all the requirements. The mica used is of the purest kind, about half a millimeter in thickness, and is curved somewhat like watch glass. It is held in a frame which fits close to the side of the eye, so as to prevent the entrance of particles on either side. Mica imparts a pale-gray tint to objects, but does not impair the eye. Its toughness, elacticity, and transparency, admirably adapt it to the protection of the eyes of metal workers. The price of a pair of mica spectacles at Breslau is about 15 cents.

Hemicrania.

In a long paper in the January number of VIRCHOW'S *Archives*, Dr. MOLLENDORFF endeavors to show that hemicrania is caused by a loss of energy of the vaso-motor nerves to the carotid, following a temporary excitation of the sympathetic nerve, and producing a deficiency of tone in the arterial muscular tissue. This deficiency of tone results in accumulation of blood and dilatation of the capillaries in that part of the cerebrum which is supplied by the carotid of the affected side; and, secondarily, in central irritation of the cranial nerves, from the first to the seventh. This view is supported by the following facts: 1. When the circulation in the carotid artery of the affected side is completely arrested by pressure, the pain instantly ceases, to return after removal of the compression. 2. When the carotid on the opposite side is compressed, the pain, if it have not already reached its maximum of intensity, is increased. 3. The eye on the affected side presents during a paroxysm the following ophthalmoscopic appearances: the fundus intensely reddened, the papilla red and irregular, the arteries dilated, the central vein tortuous and knotted, and also dilated. 4. Whilst the pulse in the temporal artery on the painful side is full and compressible, that in the corresponding radial is generally small and contracted,

and in some cases is as low as 56 or 48. The treatment proposed by Dr. Molleondorff is a tonic one, and consists in the internal administration of quinine, strychnine, and other vegetable bitters.

Capillaries.

Dr. Stricker (*Robin's Journal*, 1867, p. 652) describes the structure and origin of capillaries. He confirms the existence of perivascular spaces around the capillaries, as His and Robin had previously described in the brain, and Lightbody in the cornea, in Nov., 1866. He concludes that the capillary walls are formed of protoplasm.

NAVY NEWS.

List of changes, etc., in the Medical Corps of the Navy during the week ending June 20, 1868.

Surgeon Edward Shippen, detached from the U. S. S. Canandaigua, and waiting orders.

Surgeons Wm. M. Wood, D. Harlan, P. Lansdale, ordered as members of a Board to examine candidates for admission into the Naval Academy, Annapolis.

Past Assistant Surgeons N. H. Adams, W. K. Van Reypen, commissioned as surgeons.

Doctors Melancthon, L. Ruth, E. C. Dunning, Jas. Morrison Scott, commissioned assistant surgeons.

Acting Past Assistant Surgeon D. C. Burleigh, detached from the U. S. S. Purveyor, and waiting orders.

Acting Assistant Surgeon, detached from N. Rendezvous, Philadelphia, and ordered to the U. S. S. Purveyor.

Passed Assistant Surgeon E. B. Bingham, ordered to duty at N. Rendezvous, Philadelphia, Pa.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

Avery—Fowler.—June 17, 1868, at the residence of the bride's mother, Newburgh, N. Y., by the Rev. G. H. Mandeville, Henry N. Avery, M. D., of Poughkeepsie, N. Y., and Catharine S., daughter of the late J. V. B. Fowler.

Baldwin—Brooks.—In New York, at the residence of the bride's parents, June 10, by the Rev. John E. Cookman, Dr. J. W. Baldwin and Miss Sarah A. Brooks, all of that city.

Kelly—Peaslee.—On the 8th inst., by the Rev. Homer Barrows, Dr. Nathaniel K. Kelly, of Plaistow, N. H., and Miss Mary S. Peaslee, recently of Brooklyn, N. Y.

Reynolds—Kissam.—In New York, on the 17th inst., by the Rev. John Cotton Smith, D.D., David J. Reynolds, and Lulie E., daughter of Dr. James B. Kissam.

Sprague—Deering.—At East Setauket, L. I., at the residence of the bride's father, by the Rev. D. G. Sprague, of South Orange, N. J., assisted by the Rev. Mr. Nightingale, of Islip, L. I., the Rev. R. P. Sprague, of Salem, N. Y., and Miss Sarah F. Deering, daughter of Dr. H. S. Deering.

DIED.

Crane.—June 17, at her residence, No. 31 West Twenty-first street, New York, Jane, wife of Dr. J. J. Crane, and daughter of the late Wm. Young, Esq.

Howell.—Jan 4th, 1868, near Gallipolis, Ohio, T. D. Howell, M. D., in the 42d year of his age.

Dr. Howell was a passenger on the ill-fated steamer, *Harry Dean*, which exploded a boiler near Gallipolis. He was among the missing for a time, but his remains have at last, as is supposed, been recovered, and buried in the Gallipolis Cemetery. The precise manner in which his death occurred, is shrouded in mystery. An acquaintance asserts that a few minutes prior to the disaster, he left him seated by the stove in the cabin, reading a newspaper. This was the last known of him.

Marsh.—At Carson, Ohio, June 9, Marvin M. Marsh, M. D., Professor of Home Philosophy and Physical Culture in the Rutgers Female College in New York.

Dr. Marsh was for four years connected with the United States Sanitary Commission, most of the time as Medical Inspector in the Department of the South.

Sheldon.—At Orange, N. J., June 12, Lucy, wife of Israel Sheldon, and daughter of the late Dr. Chas. Eldridge, of East Greenwich, R. I.

Shields.—Mrs. E. Annie Shields, wife of Dr. J. Milton Shields, of Covode, Indiana county, Pa., in the 23d year of her age.

Smith.—At Atlanta, Ga., June 8, Mrs. Sarah J., wife of Surgeon A. K. Smith, U. S. A., and daughter of Gen. C. C. Sibley, U. S. A.

Warden.—In Bradford, Vt., June 3d, of apoplexy, Dr. Jonathan Warden, aged 72 years and 8 months.

Williams.—Dr. J. C. Williams, whose home is near Bloomingdale, Ohio, committed suicide at Monmouth, Ill., June 8, in a fit of temporary insanity.

OBITUARY.

Dr. Samuel M. Harry.

Dr. Harry died at his residence in Rising Sun, Md., on the 25th of May, from phthisis pulmonalis, in the 36th year of his age. The deceased was one of the most thorough, scientific, practical men of the day. Possessed of a quickness of perception and sound judgment, he was enabled at once to notice the varied forms of diseased action, and to meet at the moment the indications with proper therapeutical remedies. He was well posted up in the improvements of the science, and availed himself of the use of new remedies, greatly to the advantage of his patients. He was kind and attentive to the sick, and always courteous and respectful to his professional brethren. But he has gone to reap his final reward with the just made perfect, He died full in the Christian faith, without a struggle, with prayer and praise to his Redeemer on his lips.

METEOROLOGY.

June.	8,	9,	10,	11,	12,	13,	14.
Wind	N. E.	S. W.	N. E.	N. E.	N. E.	N. W.	S. W.
Weather	Cl'dy. Rain.	Cl'dy. Sh'y.	Cl'dy. Rain.	Cl'dy. Rain.	Cl'dy. Rain.	Clear.	Clear.
Depth Rain		2-10		3 1 10	1-10		
Thermometer.							
Minimum	57°	50°	50°	50°	49°	47°	58°
At 8, A. M.	65	63	63	58	60	70	77
At 12, M.	70	75	67	59	67	78	82
At 3, P. M.	73	78	69	60	67	82	84
Mean	66.25	66.50	62.25	56.75	60.75	69.25	75.25
Barometer.							
At 12, M.	30.3	30.2	30.3	30.	30.	30.2	30.3

Germantown, Pa. B. J. Leedom.

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